Utah's Division of Child and Family Services

Northern Region Report

Qualitative Case Review Findings

Review Conducted April 25-29, 2005

A Joint Report by
The Child Welfare Policy and Practice Group
and
The Office of Services Review, Department of Human Services

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I. Introduction

The Division of Child and Family Services (the Division) completed a comprehensive plan for the delivery of services to families and children in May 1999, entitled <u>The Performance</u> <u>Milestone Plan</u> (the Plan) pursuant to an order issued by United States District Court Judge Tena Campbell. On October 18, 1999, Judge Campbell issued an order directing the Division as follows:

- ➤ The Plan shall be implemented.
- ➤ The Child Welfare Policy and Practice Group (the Child Welfare Group) shall remain as monitor of the Division's implementation of the Plan.

The Plan provides for four monitoring processes. Those four processes are: a review of a sample of Division case records for compliance with case process requirements, a review of the achievement of action steps identified in the Plan, a review of outcome indicator trends, and, specific to the subject of this report, a review of the quality of actual case practice. The review of case practice assesses the performance of the Division's Regions in achieving practice consistent with the practice principles and practice standards expressed in the Plan, as measured by the Qualitative Case Review (QCR) process.

The Plan provides for the QCR process to be employed as one method of assessing frontline practice for purposes of demonstrating performance sufficient for exit from the David C. Settlement Agreement and court jurisdiction. Related to exit from qualitative practice provisions, the Division must achieve the following in each Region in two consecutive reviews:

- > 85% of cases attain an acceptable score on the child and family status scale.
- ➤ 85% of cases attain an acceptable score on the system performance scale, with core domains attaining at least a rating of 70%.

The Plan anticipates that reports on the Division's performance, where possible, will be issued jointly by the Child Welfare Group and the Division, consistent with the intent of the monitor and the Division to make the monitoring process organic to the agency's self-evaluation and improvement efforts.

II. Practice Principles and Standards

In developing the Plan, the Division adopted a framework of practice, embodied in a set of practice principles and standards. The training, policies, and other system improvement strategies addressed in the Plan, the outcome indicators to be tracked, the case process tasks to be reviewed, and the practice quality elements to be evaluated through the QCR process all reflect these practice principles and standards. They are listed below:

Protection	Development	Permanency
Cultural Responsiveness	Family Foundation	Partnerships
Organizational Competence	Treatment Professionals	

In addition to these principles or values, the Division has express standards of practice that serve both as expectations and as actions to be evaluated. The following introduction and list is quoted directly from the Plan.

Though they are necessary to give appropriate direction and to instill significance in the daily tasks of child welfare staff, practice principles cannot stand alone. In addition to practice principles, the organization has to provide for discrete actions that flow from the principles. The following list of discrete actions, or practice standards, have been derived from national practice standards as compiled by the CWPPG, and have been adapted to the performance expectations that have been developed by DCFS. These practice standards must be consistently performed for DCFS to meet the objectives of its mission and to put into action the above practice principles. These standards bring real-life situations to the practice principles and will be addressed in the Practice Model development and training.

- 1. Children who are neglected or abused have immediate and thorough assessments leading to decisive, quick remedies for the immediate circumstances, followed by long-range planning for permanency and well-being.
- 2. Children and families are actively involved in identifying their strengths and needs and in matching services to identified needs.
- 3. Service plans and services are based on an individualized service plan, using a family team (including the family, where possible and appropriate, and key support systems and providers), employing a comprehensive assessment of the child and family's needs, and attending to and utilizing the strengths of the child and his/her family strengths.
- 4. Individualized plans include specific steps and services to reinforce identified strengths and meet the needs of the family. Plans should specify steps to be taken by each member of the team, time frames for accomplishment of goals, and concrete actions for monitoring the progress of the child and family.
- 5. Service planning and implementation are built on a comprehensive array of services designed to permit children and families to achieve the goals of safety, permanence and well-being.
- 6. Children and families receive individualized services matched to their strengths and needs and, where required, services should be created to respond to those needs.

- 7. Critical decisions about children and families, such as service plan development and modification, removal, placement and permanency, are, whenever possible, to be made by a team including the child and his/her family, the family's informal helping systems, foster parents, and formal agency stakeholders.
- 8. Services provided to children and families respect their cultural, ethnic, and religious heritage.
- 9. Services are provided in the home and neighborhood-based settings that are most appropriate for the child and family's needs.
- 10. Services are provided in the least restrictive, most normalized settings appropriate for the child and family's needs.
- 11. Siblings are to be placed together. When this is not possible or appropriate, siblings should have frequent opportunities for visits.
- 12. Children are placed in close proximity to their family and have frequent opportunities for visits.
- 13. Children in placement are provided with the support needed to permit them to achieve their educational and vocational potential with the goal of becoming self-sufficient adults.
- 14. Children receive adequate, timely medical and mental health care that is responsive to their needs.
- 15. Services are provided by competent staff and providers who are adequately trained and who have workloads at a level that permit practice consistent with these principles.

III. The Qualitative Case Review Process

Historically, most efforts at evaluating and monitoring human services, such as child welfare, made extensive, if not exclusive, use of methods adapted from business and finance. Virtually all of the measurements were quantitative and involved auditing processes: counting activities, checking records, and determining if deadlines were met. Historically, this was the approach during the first four years of compliance monitoring in the David C. Settlement Agreement. While the case process record review does provide meaningful information about accomplishment of tasks, it is at best incomplete in providing information that permits meaningful practice improvement.

Over the past decade there has been a significant shift away from exclusive reliance on quantitative process oriented audits and toward increasing inclusion of qualitative approaches to evaluation and monitoring. A focus on quality assurance and continuous quality improvement is now integral, not only in business and in industry, but also in health care and human services.

The reason for the rapid ascent and dominance of the "quality movement" is simple: it not only can identify problems, it can help solve them. For example, a qualitative review may not only identify a deficiency in service plans, but may also point to why the deficiency exists and what can be done to improve the plans. By focusing on the critical outcomes and the essential system performance to achieve those outcomes, attention begins to shift to questions that provide richer, more useful information. This is especially helpful when developing priorities for practice improvement efforts. Some examples of the two approaches may be helpful:

AUDIT FOCUS:

"Is there a current service plan in the file?"

QUALITATIVE FOCUS:

"Is the service plan relevant to the needs and goals, and coherent in the selection and assembly of strategies, supports, services, and timelines offered?"

AUDIT FOCUS:

"Were services offered to the family?"

QUALITATIVE FOCUS:

"To what degree are the implementation of services and results of the child and family service plan routinely monitored, evaluated, and modified to create a self-correcting and effective service process?"

The QCR process is based on the Service TestingTM model developed by Human System and Outcomes, Inc., which evolved from collaborative work with the State of Alabama, designed to monitor the R. C. Consent Decree. The Service TestingTM model has been specifically adapted for use in implementing the Plan by the Division and by the court monitor, the Child Welfare Group, based on the Child Welfare Group's experience in supporting improvements in child welfare outcomes in 11 other states. Service TestingTM represents the current state of the art in evaluating and monitoring human services, such as child welfare. It is meant to be used in concert with other sources of information, such as record reviews and interviews with staff, community stakeholders, and providers.

The Utah QCR process makes use of a case review protocol adapted for use in Utah from protocols used in 11 other states. The protocol is not a traditional measurement designed with specific psychometric properties. The QCR protocol guides a series of structured interviews with key sources such as children, parents, teachers, foster parents, Mental Health providers, caseworkers, and others to support professional appraisals in two broad domains: Child and Family Status and System Performance. The appraisal of the professional reviewer examining each case is translated to a judgment of acceptability for each category of functioning and system

performance reviewed using a six-point scale ranging from "Completely Unacceptable" to "Optimally Acceptable." The judgment is quantified and combined with all other case scores to produce overall system scores.

The Utah QCR instrument assesses child and family status issues and system performance in the following discrete categories. Because some of these categories reflect the most important outcomes (Child and Family Status) and areas of system functioning (System Performance) that are most closely linked to critical outcomes, the scoring of the review involves differential weighting of categories. For example, the weight given permanence is higher than for satisfaction. Likewise, the weight given functional assessment is higher than the weight for successful transitions. These weights, applied when cases are scored, affect the overall score of each case. The weight for each category is reflected parenthetically next to each item. The weights were chosen by Utah, based upon their priorities at the time the protocol was developed.

Child and Family Status	System Performance
Child Safety (x3)	Child/Family Participation (x2)
Stability (x2)	Team/Coordination (x2)
Appropriateness of Placement (x2)	Functional Assessment (x3)
Prospects for Permanence (x3)	Long-Term View (x2)
Health/Physical Well-Being (x3)	Child and Family Planning (x3)
Emotional/Behavioral Well-Being (x3)	Plan Implementation (x2)
Learning Progress (x2), OR,	Supports/Services (x2)
Learning/Developmental Progress (x2)	Successful Transitions (x1)
Caregiver Functioning (x2)	Effective Results (x2)
Family Functioning/Resourcefulness (x1)	Tracking Adaptation (x3)
Satisfaction (x1)	Caregiver Support (x1)
Overall Status	Overall System Performance

The fundamental assumption of the Service TestingTM model is that each case is a unique and valid test of the system. This is true in the same sense that each person who needs medical attention is a unique and valid test of the health care system. It does not assume that each person needs the same medical care, or that the health care system will be equally successful with every patient. It simply means that every patient is important and that what happens to that individual patient matters. It is little consolation to that individual that the type of care they receive is *usually* successful. This point becomes most critical in child welfare when children are currently, or have recently been, at risk of serious harm. Nowhere in the child welfare system is the unique validity of individual cases clearer than the matter of child safety.

Service TestingTM, by aggregating the systematically collected information on individual cases, provides both quantitative and qualitative results that reveal in rich detail what it is like to be a consumer of services and how the system is performing for children and families. The findings of the QCR will be presented in the form of aggregated information. There are also case stories written at the conclusion of the set of interviews done for each case. They are provided to clarify the reasons for scores assigned, to offer steps to overcome obstacles or maintain progress, and as illustrations to put a "human face" on issues of concern.

Methodology

Cases reviewed were randomly selected from the universe of the case categories of out-of-home (SCF), Protective Family Preservation (PFP) services, Protective Services Supervision (PSS), and Protective Service Counseling (PSC) in the Region. These randomly selected cases were then inserted into a simple matrix designed to ensure that critical facets of the Division population are represented with reasonable accuracy. These variables stratified the sample to ensure that there was a representative mix of cases of children in out-of-home care and in their own homes. For children in out-of-home care, the sample was further stratified to assure that children in a variety of settings (family foster care, group care, and therapeutic foster care) were selected. Cases were also distributed to permit each office in the Region to be reviewed and to assure that no worker had more than one of his/her cases reviewed. An additional number of cases were selected to serve as replacement cases, which are a pool of cases used to substitute for cases that could not be reviewed because of worker or family circumstances (illness, lack of family consent, etc).

The sample thus assured that:

- ➤ Males and females were represented.
- ➤ Younger and older children were represented.
- ➤ Newer and older cases were represented.
- ➤ Larger and smaller offices were represented.

A total of 24 cases were selected for the review, and 24 cases were reviewed.

Reviewers

The Child Welfare Group qualitative reviewers included professionals with extensive experience in child welfare and child mental health. Most of the reviewers had experience in the Alabama child welfare reform, as well as other reform and practice improvement initiatives around the United States. The Child Welfare Group has employed the QCR process in 11 different states. Utah reviewers "shadow" the Child Welfare Group reviewers as a part of an organized reviewer training and certification process. These reviewers, once certified, become reviewers themselves and participate in subsequent reviews as part of the plan to develop and maintain internal capacity to sustain the review process. At this point, one half of the reviewer contingent ordinarily consists of Child Welfare Group reviewers and one half consists of certified Utah reviewers.

Stakeholder Interviewers

As a compliment to the individual case reviews, the Child Welfare Group staff and Utah staff interview key local leaders from other child and family serving agencies and organizations in the Region about system issues, performance, assets, and barriers. These external perspectives provide a valuable source of perspective, insight, and feedback about the performance of Utah's child welfare system and the context in which it operates. In some years, focus groups with DCFS staff, consumer families, youth, foster parents, or other stakeholders are a part of this aspect of the review process. Their observations are briefly described in a separate section.

IV. System Strengths

In accord with the practice model, there is an assumption that the child welfare system's ability to move forward toward improving outcomes for children and families and improve system performance rests on the strengths within the agency and its partners. For this reason, is important to note system strengths since they are essentially the building blocks for progress.

In the course of the review, many system strengths or assets were observed in individual case practice. Although every strength was not noted in every case, these strengths contributed to improved and more consistent outcomes for children and families. This review produced a particularly long list of useful strengths.

- Child and family team meetings often happen earlier in cases, are held frequently, usually have the right people in attendance, and are purposeful. There is increasing inclusion of extended family and informal supports. Team members appear to have a common understanding of the issues and the direction of the case.
- In a number of cases there was a good mix of formal and informal supports.
- Families are engaged and have a trusting relationship with the department.
- In a number of cases there was a strong commitment by the entire team, including the judge, to ensure that placements would endure and provide permanence.
- Cultural responsiveness was shown by having bilingual team members throughout the team and by respecting cultural values regarding the interactions with extended family.
- There was good work with families where addiction was the primary cause for interaction with DCFS, and drug court helped the teaming be stronger and more effective.
- When risks arose in a case, rather than immediately removing the child, problems were immediately addressed, tracking and monitoring were intensified, and a good safety plan was developed.
- Teenage mothers were choosing the direction of their cases and making important decisions, within boundaries. They were choosing their service providers and how they would complete their schooling. Having a real voice promoted cooperation and appropriate independence.
- Foster parents are committed to the children for the long-term. Foster children were allowed to have choices and to have a voice in their own consequences.
- Effective teaming permitted some measured risk taking and involved other partners in the important decision-making.
- Strengths-based casework and a change in workers helped turn around the outcome for a family.
- Building on the strengths of the mother empowered her and built on what she already had in place, rather than starting anew. Strong partnerships and supportive relationships contributed to progress for a number of women attempting to regain control of their lives.
- There were clear examples of purposeful visitation. Visitation varies in intensity based on the needs of the individuals in the case.
- Coordination and collaboration with allied agencies supported independent living goals for teens.

- There were several examples in which careful assessment contributed significantly to good results. Examples included a clear identification of underlying needs in the functional assessment, a thorough evaluation of the viability of the kinship placement, accurately assessing a strength in an adolescent allowed the adolescent to responsibly exercise choices, and recognizing the difference between an attachment disorder and oppositional defiant disorder broke a pattern of disruption.
- Both long and short-term personal individual goals were clearly identified, well known, and used by the team.
- There were instances in which individual differences and personal preferences were taken into account in a way that promoted progress.
- There were examples of excellent transitions of a child from one home to another in a way that minimized the stress on the child.
- Outstanding support from a school was important to making progress with a special-needs child.
- It was clear in a number of cases that tracking, adaptation, and updating assessments contributed to important successes.

V. Characteristics of the Northern Region

Trend Indicators for the Northern Region

The Division provided current Regional trend data and data comparative to the past fiscal year. The table for the Northern Region, along with that of the other Regions, is included in the Appendix.

VI. Stakeholder Observations

The results of the QCRs should be considered within a broader context of local or Regional interaction with community partners. The composition of the focus groups and interviews vary from year to year and may include DCFS staff (line staff, supervisors and administration), various community partners from other systems or agencies (foster families, mental health, education, workforce services, the legal community, volunteer groups, etc.), or consumers (youth or parents). This year, the Qualitative Case Reviews in the Northern Region were supported by a total of four focus groups and four interviews with individual stakeholders. The focus groups and interviews were conducted by staff from the Child Welfare Group and the Office of Services Review.

The notes from the focus groups and individual stakeholder interviews ran to more than thirty pages. In order to try and present the results in an accessible format, the points and observations will be presented in four sections representing DCFS staff, legal partners from the community, a partner agency in the community, and parents served by DCFS. Not every comment or point made is reproduced here, but where there were consistent themes or observations, they will be presented.

DCFS STAFF

What is working well?

- There appears to be more and better child and family teams helping to move cases in a positive direction. People are understanding the importance of including key supports, and are finding ways to include them. For example, extended family in other states are being included in teams by the use of conference calls.
- There is more by hand-in-hand participation by partner agencies in the team process. Some community partners are beginning to use teams because they work and are a more efficient way to make progress and share information. Child and family teams are held in a wider range of settings than the DCFS office. Both workers and families feel more valued when community partners are involved in the child and family teams.
- The practice model and team meetings are moving to earlier parts of the agency's relationship with families. Child and family teams are being used in CPS and are producing better relationships with families and smoother transitions to ongoing services.
- Staff hope that the Governor's initiative will help older foster children transitioning to independence.
- SAFE continues to improve. It is constantly evolving and workers can accomplish what they need to do in SAFE.
- Ongoing internal attention to the QCR seems to be helping workers have a better understanding of what is being assessed. They have a better idea of what the reviewers are looking for after participating in the Mini-QCR.
- There are clear benefits from the more mature and consistent training process that is in place now. It is supported by hands-on experience, supervision, and mentoring. New workers are doing quality work and achieving success with children and families.
- There are continuing improvements in the relationship with the domestic violence community. Then there is more teaming, outreach, and working together to overcome barriers.
- There is recognition that frontline practice is important, and that frontline workers benefit when supervision is genuinely supportive.

What are the challenges and barriers?

- Workers continued to struggle with getting all of the steps of the practice model sequenced consistently. For example, some functional assessments are being done ahead of the team meetings; and the expectation is that the team contributes to the development of the functional assessment. Workers understand the expectation of sequencing, but the reason for sequencing and its importance to successfully implementing the practice model may not be as clear as the expectation that it be done a certain way.
- The functional assessment process is still dominated by the SAFE format. Learning to do a good functional assessment still appears to be something of a mystery, or at least a very challenging task.

- At times, there are significant delays between identifying allegations and filing the petition. Workers worry that children may be at risk because of these delays.
- Reductions in Medicaid have had a bad impact on the availability of mental health services. Some mental health providers are only accepting Medicaid. Those who don't have Medicaid can't get services unless they can afford to pay for them out of pocket. The working poor are the ones that suffer, because they don't qualify for Medicaid and can't afford to pay out of pocket.
- There are many pressures on frontline workers. Aside from pay and overtime constraints, workers feel a great deal of pressure to pass the QCR; and not passing can be made to feel like a personal failure. Some people will probably quit if the region doesn't pass this year. This pressure contributes to burnout and turnover. Supervisors who are supportive make a difference.
- There is some concern that once the requirements associated with the QCR and court supervision go away, that the legislative support for child welfare will go away, too. Even though the QCR is expensive and time-consuming, it needs to stay in place to protect children and families.
- There are important resources for families that just seemed to get more and more difficult to access in a timely way. Housing, well matched local foster homes, specialized mental health services, and substance abuse services (including those for teens) are not always available when they are needed, and timing really matters especially for families with substance abuse issues. At times, there are no vacancies in drug court and drug court is one of the most effective resources.
- There are chronic barriers associated with continuity of services from DSPD if children are able to leave foster care to adoption, kinship placements, or guardianship. Families have to make important decisions based on financial considerations, rather than the needs of the children.
- There is a need maybe for a kinship specialist because most of our disruptions are from kinship placements. One problem is that the range of services and supports to kinship placements is lower, but there may be other issues as well.

LEGAL PARTNERS

What is working or improving?

- Team meetings appear to be well run. There have been substantial improvements over the past few years. Better decisions are made using the teaming approach.
- There is a lot of supervisory support. The supervisors generally know the cases and are supportive of the worker. There are not frequent complaints to supervisors, but when there are, they are taken very seriously.
- There are fewer problems with a lack of communication between different therapists involved in a case. Better teaming may account for this, or workers may be doing a better job of coordinating and communicating.
- There is much better preparation and support for new workers. There is better training
 and they do a lot of shadowing and visiting community resources before they have a full
 caseload.

- Even though the region has not met the exit standards for the lawsuit yet, they have made substantial improvements.
- There appears to be greater attention to permanency, not just at one point, but throughout the case. Kinship placements are explored early. Everyone the lawyers, the court, and especially DCFS are more focused on permanency.

What are the challenges and barriers?

- There is a lot out of legislative activity that has a very chilling effect. The caseworkers think a lot about individual liability issues. There are fewer removals because of having to get warrants and other restrictions. There are fewer removals than there need to be. GAL's are likely to be less involved early in cases than in the past.
- The region has a real problem with drug use. There aren't enough treatment options for people who are not Medicaid eligible. The top need may be treatment for teenage girls who have drug problems. A lot of those girls become mothers and their children are taken into care.
- There is a lack of services for delinquent youth.
- There are definitely more services and resources than in the past, but there are still challenges in getting the right fit of services for particular children and families.

PARTNER AGENCY

How does your agency work with DCFS? What are the issues?

- Generally, our agencies are able to work well together. Since we "share" many families, working on cooperative arrangements is important. We recognize that the DCFS Plan needs to be the central plan, and we have a fair amount of latitude in applying our policies if a unified plan is developed. Plans are developed in the team meetings with families. Working in the team meeting allows us to create one unified plan and make sure it fits our policy. Usually, our counselors and DCFS caseworkers work well together in teams and because the counselors are strong personalities, they speak out at the team meetings to be sure that our issues are covered. The best meetings are when the DCFS worker and the counselor talk ahead of time to be sure important issues get covered. We work together to try and address domestic violence cases in a way that is protective of the women. DCFS has never said they see a problem with DV cases not getting benefits.
- In the last two years methamphetamine usage has been rampant. Drug courts have worked well. Families in drug court seemed to do better. It motivates them to do what they have to do to get off drugs and to keep their kids. We work together on a lot of drug cases. The gap between the working poor and the wealthy is widening. Lots of open jobs are low paying. It is hard to get a high enough paying job to get off assistance.
- Both agencies have felt the impact of Medicaid cuts. This is having a huge impact, especially on the mentally ill.

PARENTS – DCFS CONSUMERS

What brought you into contact with DCFS?

Both parents came to the attention of the agency because of substance abuse and its
impact on their ability to care for their children. One parent was involved with
methamphetamine, another was involved with the abuse of prescription medication. Both
parents had their children placed in foster care. Both have experienced brief relapses, but
were able to get immediate help, and both have their children out of custody and are
maintaining responsible lives now.

What made a difference for you?

- Both parents report that their families were important parts of their motivation and of their support system when they were involved with the agency. Family has been very important in maintaining their progress after their cases were closed.
- Both parents indicated that having a caseworker that was positive and encouraging made an important difference. One of the parents highlighted the difference in different caseworkers; describing her first worker as rude and cold-hearted, but describing the worker with whom she made progress as "the greatest person she's ever met." The worker was supportive, helped her deal with DV issues and bridging setbacks like getting laid off.
- Both parents described the importance of aftercare supports, attention to their important family relationships, and having relapse plans that respond quickly and get them back on their feet, rather than spiraling back into chronic substance abuse.
- In terms of improvements that they would recommend, skilled and supported caseworkers are high on the list. Some sort of parent support group that was voluntary might make the process less scary some sort of liaison person to help you when you're alone and your kids are taken. Both were also frank in recommending careful drug screening, noting that eye scans and infrequent UA's are subject to manipulation. Regular testing was important to each of them in their treatment and recovery. They recognize that hair strand testing was the most reliable.
- They both recognize that the addiction doesn't go away and has to be dealt with every day.

VII. Child and Family Status, System Performance Analysis, Trends, and Practice Improvement Needs

The QCR findings are presented in graphic form to help quantify the observations of the qualitative assessment. Graphs show a comparison of scores for past years' reviews with the current review. The graphs of the two broad domains of <u>Child and Family Status</u> and <u>System Performance</u> show the percent of cases in which the key indicators were judged to be "acceptable." A six-point rating scale is used to determine whether or not an indicator is judged to be acceptable. Reviewers scored each of the cases reviewed using these rating scales. The range of ratings is as follows:

- 1: Completely Unacceptable
- 2: Substantially Unacceptable
- 3: Partially Unacceptable
- 4: Minimally Acceptable
- 5: Substantially Acceptable
- 6: Optimal Status/Performance

Child and Family Status, as well as System Performance, is evaluated using 22 key indicators (11 in each domain). Graphs presenting the overall, summative scores for each domain are presented below. Beneath the graphs for overall information, a graph showing the distribution of scores for each indicator within each of the two domains is presented. Later in this section (section VII, Summary of Case Specific Findings), brief comments regarding progress and examples from specific cases are provided.

Child and Family Status Indicators

Overall Status

Northern Child Status

		# of cases		FY00	FY01	FY02	FY03	FY04	FY0
	# of cases	Needing		Baseline					Curren
	Acceptable Ir	mprovement Ex	kit Criteria 85% on overall score	Scores					Score
Safety	23	1		88.9%	83.3%	100.0%	100.0%	100.0%	95.89
Stability	22	2	95.8%	77.8%	83.3%	79.2%	79.2%	75.0%	91.7%
Approp. of Placement	23	1	95.8%	88.9%	91.7%	95.8%	100.0%	95.8%	95.8%
Prospects for Permanence Health/Physical Well-	17	7	70,8%	33.3%	70.8%	70.8%	41.7%	66.7%	70.8%
being	24	0	75.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Em./Beh. Well-being	18	6	83.3%	77.8%	62.5%	87.5%	87.5%	79.2%	75.0%
Learning Progress	20	4	100.0%	66.7%	91.7%	79.2%	79.2%	75.0%	83.3%
Caregiver Functioning	13	0	76.5%	100.0%	100.0%	91.7%	87.5%	100.0%	100.0%
Family Resourcefulness	13	4		42.9%	52.9%	70.6%	43.8%	56.3%	76.5%
Satisfaction	24	0	<u> </u>	66.7%	91.7%	87.5%	75.0%	91.7%	100.0%
Overall Score	23	1	0% 20% 40% 60% 80% 100%	88.9%	75.0%	95.8%	100.0%	100.0%	95.8%

Safety

Summative Questions: Is the child safe from manageable risks of harm (caused by others or by the child) in his/her daily living, learning, working and recreational environments? Are others in the child's daily environments safe from the child? Is the child free from unreasonable intimidation and fears at home and school?

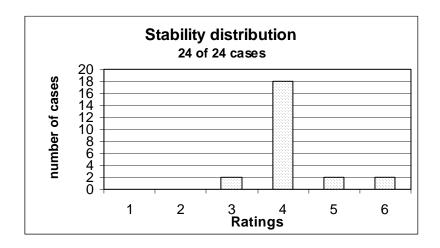
Findings: 95.8 % of cases reviewed were within the acceptable range (4-6).



Stability

Summative Questions: Are the child's daily living and learning arrangements stable and free from risk of disruption? If not, are appropriate services being provided to achieve stability and reduce the probability of disruption?

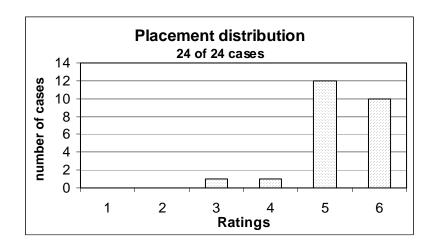
Findings: 91.7 % of cases reviewed were in the acceptable range (4-6).



Appropriateness of Placement

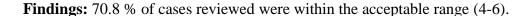
Summative Questions: Is the child in the most appropriate placement consistent with the child's needs, age ability and peer group and consistent with the child's language and culture?

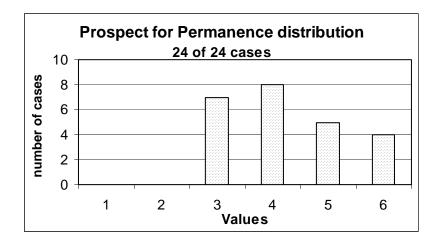
Findings: 95.8 % of cases reviewed were in the acceptable range (4-6).



Prospects for Permanence

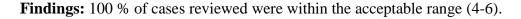
Summative Questions: Is the child living in a home that the child, caregivers, and other stakeholders believe will endure until the child becomes independent? If not, is a permanency plan presently being implemented on a timely basis that will ensure that the child will live in a safe, appropriate, permanent home?

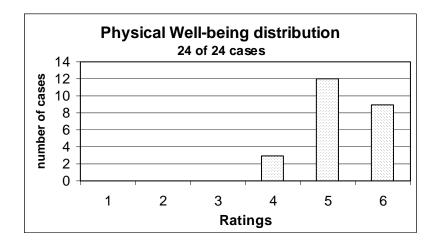




Health/Physical Well-Being

Summative Questions: Is the child in good health? Are the child's basic physical needs being met? Does the child have health care services, as needed?

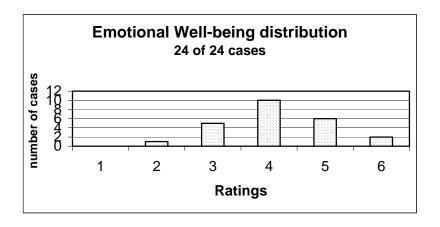




Emotional/Behavioral Well-Being

Summative Questions: Is the child doing well, emotionally and behaviorally? If not, is the child making reasonable progress toward stable and adequate functioning, emotionally and behaviorally, at home and school?

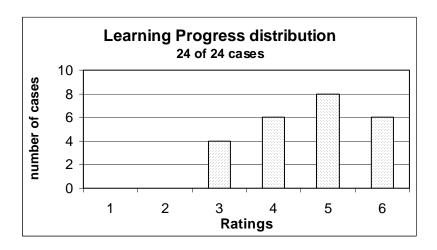
Findings: 75 % of cases reviewed were within the acceptable range (4-6).



Learning Progress

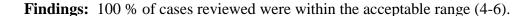
Summative Question: (For children age five and older.) Is the child learning, progressing and gaining essential functional capabilities at a rate commensurate with his/ her age and ability? Note: There is a supplementary scale used with children under five that puts greater emphasis on developmental progress. Scores from the two scales are combined for this report.

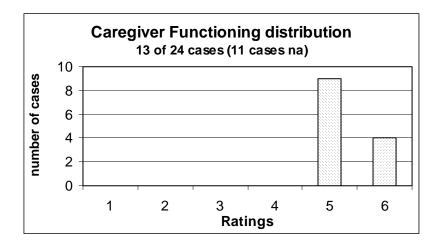
Findings: 83.3 % of cases reviewed were within the acceptable range (4-6).



Caregiver Functioning

Summative Questions: Are the substitute caregivers, with whom the child is currently residing, willing and able to provide the child with the assistance, supervision, and support necessary for daily living? If added supports are required in the home to meet the needs of the child and assist the caregiver, are these supports meeting the need?

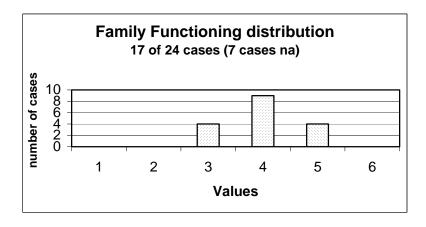




Family Functioning and Resourcefulness

Summative Questions: Does the family, with whom the child is currently residing or has a goal of reunification, have the capacity to take charge of its issues and situation, enabling them to live together safely and function successfully? Do family members take advantage of opportunities to develop and/or expand a reliable network of social and safety supports to help sustain family functioning and well-being? Is the family willing and able to provide the child with assistance, supervision, and support necessary for daily living?

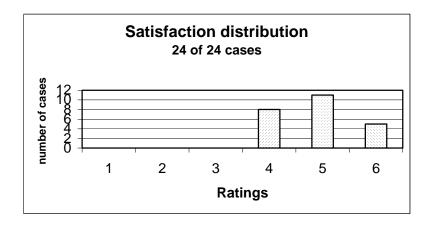
Findings: 76.5 % of cases reviewed were within the acceptable range (4-6).



Satisfaction

Summative Question: Are the child and primary caregiver satisfied with the supports and services they are receiving?

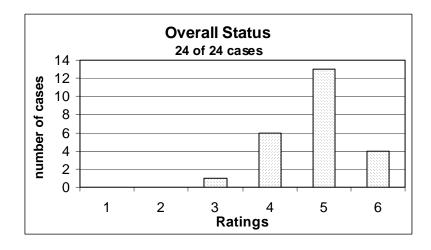
Findings: 100 % of cases reviewed were within the acceptable range (4-6)



Overall Child and Family Status

Summative Questions: Based on the Qualitative Case Review findings determined for the Child and Family Status Exams 1-11, how well are this child and family presently doing? A special scoring procedure is used to determine Overall Child and Family Status using the 6-point rating scale detailed above. A special condition affects the rating of Overall Child and Family status in every case: The Safety indicator always acts as a "trump", so that the Overall Child and Family status rating cannot be acceptable unless the Safety indicator is also acceptable.

Findings: 95.8 % of cases reviewed were within the acceptable range (4-6).



System Performance Indicators

Overall System

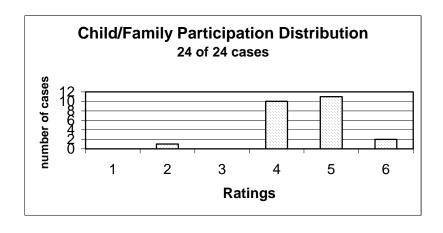
Northern	System	Performance
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		# of cases					FY00	FY01	FY02	FY03	FY04	FY05
	# of cases	Needing E	xit Criteria	70% on \$	Shade	d indicators	Baseline					Current
	Acceptable	Improvement E	xit Criteria	85% on	overall	score	Scores					Scores
C&F Team/Coordination	18	6	-, ·, ·, ·, ·, ·,	·.·		75.0%	44.4%	29.2%	41.7%	41.7%	66.7%	75.0%
Functional Assessment	16	8	******			6.7%	11.1%	41.7%	54.2%	41.7%	54.2%	66.7%
Long-term View	17	7				70.8%	0.0%	29.2%	41.7%	25.0%	58.3%	70.8%
C&F Planning Process	19	5				79.2%	11.1%	45.8%	45.8%	45.8%	62.5%	79.2%
Plan Implementation	20	4		· · · · · · · · · · · · · · · · · · ·		83.3% 87.5%	55.6%	66.7%	66.7%	70.8%	70.8%	83.3%
Tracking & Adaptation	21	3				\$3,8%		54.2%	58.3%	66.7%	70.8%	87.5%
C&F Participation	23	1				93,8%	25.0%	41.7%	66.7%	50.0%	87.5%	95.8%
Formal/Informal Supports	23	1				83.3%		79.2%	83.3%	75.0%	79.2%	95.8%
Successful Transitions	20	4	*.*.*.*.	• • • • • • • • • • • • • • • • • • • •	•••••	95 8%		50.0%	62.5%	62.5%	72.7%	83.3%
Effective Results	23	1			<u></u>	32.8%	22.2%	62.5%	66.7%	75.0%	70.8%	95.8%
Caregiver Support	12	1		1	-	83.386	83.0%	91.7%	92.3%	93.8%	91.7%	92.3%
Overall Score	20	4	0% 20%	6 40%	60%	80% 100%	22.2%	50.0%	58.3%	58.3%	79.2%	83.3%

Child/Family Participation

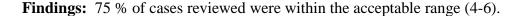
Summative Questions: Are family members (parents, grandparents, and stepparents) or substitute caregivers active participants in the process by which service decisions are made about the child and family? Are parents/caregivers partners in planning, providing, and monitoring supports and services for the child? Is the child actively participating in decisions made about his/her future?

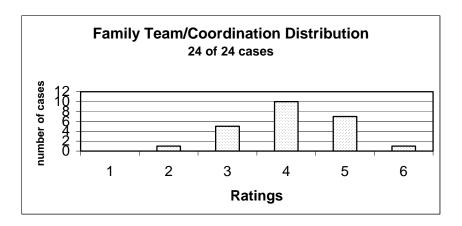
Findings: 95.8 % of cases reviewed were within the acceptable range (4-6).



Child/Family Team and Team Coordination

Summative Questions: Do the people who provide services to the child/family function as a team? Do the actions of the team reflect a pattern of effective teamwork and collaboration that benefits the child and family? Is there effective coordination and continuity in the organization and provision of service across all interveners and service settings? Is there a single point of coordination and accountability for the assembly, delivery, and results of services provided for this child and family?

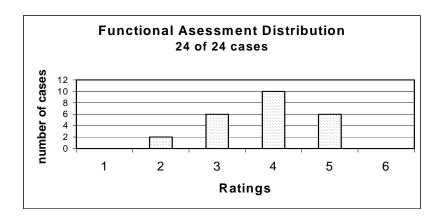




Functional Assessment

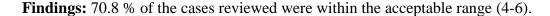
Summative Questions: Are the current, obvious and substantial strengths and needs of the child and family identified though existing assessments, both formal and informal, so that all interveners collectively have a "big picture" understanding of the child and family and how to provide effective services for them? Are the critical underlying issues identified that must be resolved for the child to live safely with his/her family independent of agency supervision or to obtain an independent and enduring home?

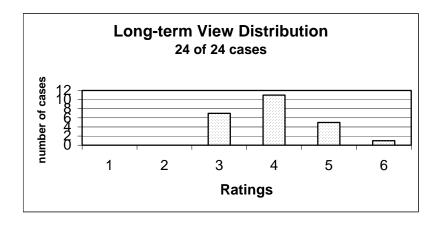
Findings: 66.7 % of cases reviewed were within the acceptable range (4-6).



Long-Term View

Summative Questions: Is there an explicit plan for this child and family that should enable them to live safely without supervision from child welfare? Does the plan provide direction and support for making smooth transitions across settings, providers and levels or service?

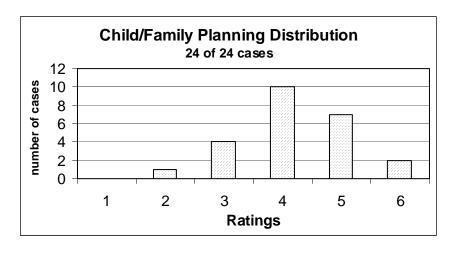




Child and Family Planning Process

Summative Questions: Is the service plan (SP) individualized and relevant to needs and goals? Are supports, services and interventions assembled into a holistic and coherent service process that provides a mix of elements uniquely matched to the child/family's situation and preferences? Does the combination of supports and services fit the child and family's situation so as to maximize potential results and minimize conflicting strategies and inconveniences?

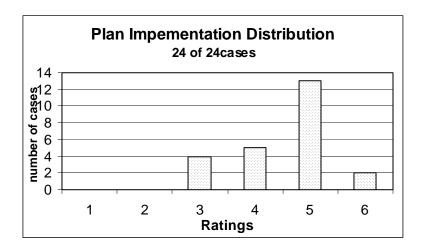
Findings: 79.2 % of cases reviewed were within the acceptable range (4-6).



Plan Implementation

Summative Questions: Are the services and activities specified in the service plan for the child and family, 1) being implemented as planned, 2) delivered in a timely manner and 3) at an appropriate level of intensity? Are the necessary supports, services and resources available to the child and family to meet the needs identified in the SP?

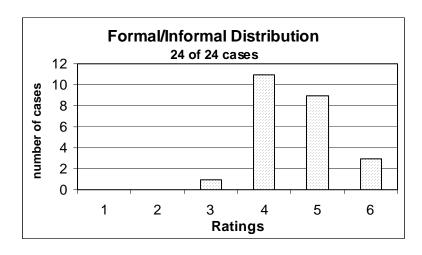
Findings: 83.3 % of cases reviewed were within the acceptable range (4-6).



Formal/Informal Supports

Summative Questions: Is the available array of school, home and community supports and services provided adequate to assist the child and caregiver reach levels of functioning necessary for the child to make developmental and academic progress commensurate with age and ability?

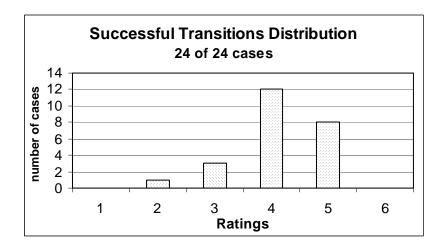
Findings: 95.8 % of cases reviewed were within the acceptable range (4-6).



Successful Transitions

Summative Questions: Is the next age-appropriate placement transition for the child being planned and implemented to assure a timely, smooth and successful situation for the child after the change occurs? If the child is returning home and to school from a temporary placement in a treatment or detention setting, are transition arrangements being made to assure a smooth return and successful functioning in daily settings following the return?

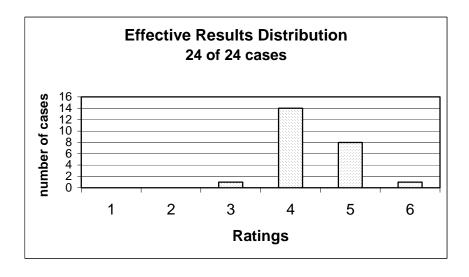
Findings: 83.3 % of cases reviewed were within the acceptable range (4-6).



Effective Results

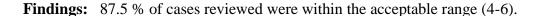
Summative Questions: Are planned education, therapies, services and supports resulting in improved functioning and achievement of desired outcomes for the child and caregiver that will enable the child to live in an enduring home without agency oversight?

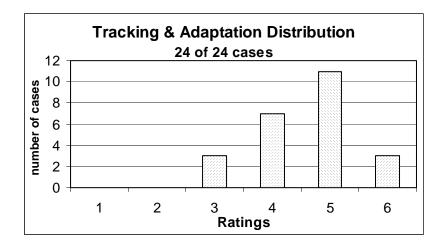
Findings: 95.8 % of cases reviewed were within the acceptable range (4-6).



Tracking and Adaptation

Summative Questions: Are the child and caregiver's status, service process, and results routinely followed along and evaluated? Are services modified to respond to the changing needs of the child and caregiver and to apply knowledge gained about service efforts and results to create a self-correcting service process?

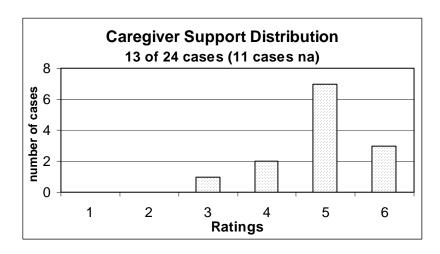




Caregiver Support

Summative Questions: Are substitute caregivers in the child's home receiving the training, assistance and supports necessary for them to perform essential parenting or caregiving functions for this child? Is the array of services provided adequate in variety, intensity and dependability to provide for caregiver choices and to enable caregivers to meet the needs of the child while maintaining the stability of the home?

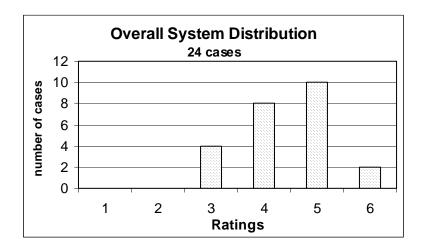
Findings: 92.3 % of cases reviewed were in the acceptable range (4-6).



Overall System Performance

Summative Questions: Based on the Qualitative Case Review findings determined for System Performance exams 1-11, how well is the service system functioning for this child now? A special scoring procedure is used to determine Overall System Performance for a child.

Findings: 83.3 % of cases reviewed were within the acceptable range (4-6).



Status Forecast

One additional measure of case status is the prognosis by the reviewer of the child and family's likely status in six months, given the current level of system performance. Reviewers respond to this question, "Based on current DCFS involvement for this child, family, and caregiver, is the child's and family's overall status likely to improve, stay about the same, or decline over the next six months? Take into account any important transitions that are likely to occur during this time period." Of the cases reviewed, 33.3% were anticipated to be unchanged, 4.2% were expected to decline or deteriorate, and 58.3% were expected to improve. *Note: These percentages sum to less than 100% as one status forecast could not be categorized.*

Outcome Matrix

The display below presents a matrix analysis of the service testing results during the current QCR. Each of the cells in the matrix shows the percent of children and families experiencing one of four possible outcomes:

- Outcome 1: child and family status acceptable, system performance acceptable
- Outcome 2: child and family status unacceptable, system performance acceptable
- Outcome 3: child and family status acceptable, system performance unacceptable
- Outcome 4: child and family status unacceptable, system performance unacceptable

Obviously, the desirable result is to have as many children and families in Outcome 1 as possible and as few in Outcome 4 as possible. It is fortunate that some children and families do well in spite of unacceptable system performance (Outcome 3). Experience suggests that these are most often, either unusually resilient and resourceful children and families, or children and families who have some "champion" or advocate who protects them from the shortcomings of the system. Unfortunately, there may also be some children and families who, in spite of good system performance, do not do well (these children and families would fall in Outcome 2).

The current outcome matrix represents an exceptional level of positive outcomes. No child welfare system is capable of delivering perfect performance with perfect consistency, so the current results should not be construed as either achieving, or establishing an expectation of perfect performance. That is not a rational or realistic standard of performance. These results are, however, an admirable and remarkable achievement for any child welfare system.

	Acceptable Status of Child	Unacceptable Status of Child	
	Outcome 1	Outcome 2	
Acceptable	Good status for the child,	Poor status for the child,	
System	agency services presently acceptable.	agency services minimally acceptable	;
Performance		but limited in reach or efficacy.	
	n=20	n=0	
	83.3%	0%	83.3%
Unacceptable	Outcome 3	Outcome 4	
System	Good status for the child, agency	Poor status for the child,	
Performance	Mixed or presently unacceptable.	agency presently unacceptable.	
	n=3	n=1	
	12.5%	4.2%	16.7%
	95.8%	4.2%	100%

Summary of Case Specific Findings

Case Story Analysis

For each of the cases reviewed in Northern Region, the review team produced a narrative shortly after the review was completed. The case story write-up contains a description of the findings, explaining from the reviewer's perspective what seems to be working in the system and what needs improvement. Supplementing the numerical scores, the case stories help to provide insight into how system performance affects important outcomes for particular children and families. The case stories are provided as feedback to the case worker and supervisor responsible for each case reviewed; and all of the case stories are provided to the Office of Services Review and to the Monitor for content analysis and comparison with previous reviews.

The summary of Case specific findings provides selected examples of results and practice issues highlighted in the current review. Some of the results are self-evident or have been stable at an acceptable level and will not be addressed in detail; so only selected indicators are discussed below.

Child and Family Status

Safety

The child and family status indicator for safety has remained at a high level for the past four years (between 95 and 100 percent). The single case with an unacceptable score on safety was described by the reviewers as having some question about both aspects of the safety indicator – the safety of the child and the safety of the others in the child's environment:

[The child's] safety concerns center around [stepfather] who has been inappropriate with her in the past, during supervised visits at [DCFS Office]. Although she reports

seeing [stepfather] when she visits her mother, she has reported no inappropriate or aggressive behaviors. Based on this, and the fact that there doesn't seem to be a coordinated effort to really know if [the child's] is having unsupervised visits with [stepfather] or whether or not she is safe when she is in his presence, safety has to be scored a "3".

Over the past few weeks she has shown some increase in aggressive behaviors such as pulling a chair out from under one of her classmates and putting a pair of scissors to another child's neck in anger, trying to cut the child. While the foster parent and the schoolteacher were both very concerned about these incidents, there was not a plan in place to address these issues, nor was there a safety plan in place.... Because of these concerns safety risk to others is rated a "3".

In contrast, two other cases present examples of specific steps to manage safety risks. In the first, a child was protected from a potential risk through the use of a very specific safety plan:

The team put together a safety plan in anticipation of [the father] returning from prison, which was to provide protection for the children. The points of the plan are: 1. [The father] will have no contact with any of his children unless [the father's] treatment provider has informed [the mother] that it is safe for the children to be with their father. 2. The team understood that [the father's] parole agreement would prohibit him from having contact with minors. 3. If [the father] makes any attempt to have contact with his children, [the mother] and the maternal grandmother will contact the police and his parole officer. 4. The therapist and skill developer will assist [the child] to understand the need for no contact with his father.

In the second case, a pregnant teenager at some risk from her peers was protected by a school intervention:

It was an additional safety concern at the beginning of this case when [the youth] reported that there was a group of girls who are threatening her with bodily harm because she was pregnant with [Name's] baby. The school quickly stepped in and even provided her with an escort to each class. These girls are not an issue at this time as they do not attend high school that [the youth] now attends.

Stability

Stability is an important outcome for children since it is often related to permanency and emotional and behavioral well-being. The indicator for stability improved dramatically this year from 75 percent to 92 percent in the current review. An example of stability was found in a case story describing a home-based case that made use of informal supports:

In looking at stability for this child, the child has lived in the same home with her mother and siblings since before the case was opened with DCFS. There are extended family available who are supportive of [the mother] and the children. They spend time with the extended family. The children are cared for by extended family. The relationship of the

focus child and her mother is reported by all to be a strong relationship. They also reported that the child has a good relationship with her father. The care seems to be consistent, predictable, and secure. [For the past six months] there had been no reports of any domestic disturbances between the parents.

The example above contrasts with the experience of a developmentally disabled youth experiencing instability in more than one area of his life:

Stability [...was] unacceptable...[the youth] is being removed from his foster home, placed in [a facility], living temporarily in a residential facility with an expected move to a new home, which has not yet been selected, within the next few months. These moves have also resulted in [the youth] being moved from a regular school with special education classes to a self-contained classroom. His next move may well mean a move to a new school and a new school district.

Prospects for Permanence

Prospects for permanence is an important indicator of child and family status that has shown some modest improvement from 67 to 71 percent in this year's sample of cases. One of the cases reviewed this year provided an example of good permanency in an in-home case:

The focus child has had a consistent, ongoing, uninterrupted relationship with her mother. If the four-year history of the mother can be used as an example of permanency, then one only need to look at her consistency with her four-year-old child and see the same consistency carried on with the focus child and the infant brother. [The mother] has been consistent in her care for children since the oldest child was born. [When] interviewed... [the mother] stated that she would do anything to provide for her children and to be there for them in their lives. No one had any concern about the enduring nature of this family relationship... The objective with the father, because of his positive relationship with the children, is to establish a schedule of visitation that roots him in as a permanent part of their lives.

This contrasts with the situation of another child in a home with the permanency goal of adoption, but where the reviewers found cause for concern:

On one hand [a potential adoptive mother] appears to be committed and then in other statements her commitment is conditional. At this point, we believe that there is a point where [the child's] behaviors could lead her to ask that he be removed from her home. We don't feel confident that [the potential adoptive mother] commitment to [the child's] is unconditional. In order to feel that [the child's] has permanence, we would need to see evidence of the unconditional commitment to [the child's] that is just is not there at this point. The team is hopeful the placement will endure, but [the potential adoptive mother's] statements raise concern that it may not endure if his behavior doesn't improve.

Emotional/Behavioral Well-Being

Emotional and behavioral well-being is another critical indicator because it addresses such key aspects of the child's life as having a circle of friends, being able to make responsible choices, having a sense of being valued, and having emotional or mental health issues addressed in a timely and effective way. The region's score on this indicator declined slightly this year from 79 percent to 75 percent. An example of a challenge to a child's emotional well-being receiving appropriate attention was evident in one case story:

[The child's] suffered a loss recently when her brother went to live with his biological father. The foster parents and team members had done a good job of helping her adjust to this loss. [Her brother] is her brother, but is also her best friend. It is praiseworthy that the foster parents had done such a good job in establishing an ongoing relationship with [the brother's] family.

This contrasts with the situation for another youngster experiencing losses:

[The child's] was taken away from what he considered to be his family. He views his only friends as the children in his former foster family. He didn't understand why they didn't come and visit him.... In a few months [the child's] will have to get through the process of bonding with a new therapist. Also, a new therapist will have to begin the process of trying to understand his sexual abuse issues.

Family Functioning and Resourcefulness

Over the long run, family functioning and resourcefulness is one of the key indicators in circumstances where children are living at home or are expected to be reunified with their parents. Fortunately, this indicator showed noticeable improvement this year increasing from 56 percent last year to 77 percent in the current sample. An illustration of less than acceptable family functioning and resourcefulness was evident in one of the case stories:

While [the parent] is making significant progress in many areas, it seems that she may be becoming dependent on [her child's] foster family for help with transportation to and from visit, even though [she] has a car, and that she may have some unrealistic expectations on the level of their involvement with her and her children once the children return home... While [she] has worked at the same job for approximately two months, this isn't necessarily a good track record yet; some more time may be needed to see if she will be consistent. The other big issue is her apparent ongoing relationship with [an abusive domestic violence partner]. Although she denies having anything to do with him, except at the supervised visits, it is fairly apparent she has contact with him at other times, as do the children.

A more encouraging example of family functioning and resourcefulness was observed in another case story involving a teenage mother who is successfully rearing three young children:

[The young mother] expressed a desire to remaining DCFS custody, finish school and learn the skills to take care of herself and her baby. She did not want to just get at GED but wanted to obtain her high school diploma. Although her caseworker did not believe that [she] could complete the credits needed to graduate with her class, she supported [her] in her decision. [She] enrolled in an alternative high school, which provided a young mothers' program where she could take her baby to school; and with her dedicated work she not only graduated with her class, but also graduated with honors. The caseworker has put together a good supportive team, which allows [the young mother] to lead in the decision-making, within appropriate boundaries. [The young mother] began classes at the local vocational college and has recently received her CNA certification. She plans to enroll in [the university] and obtain her RN certification. [She] is displaying good budgeting skills. Her plans are to save money now so that when she no longer receives assistance funds, she will have a reserve. She just recently purchased a minivan to accommodate the three babies.

System Performance

Child and Family Team/Coordination

The system performance indicator for child and family team/coordination improved from 67 percent to 75 percent in the current review. The fundamental importance of using child and family teams effectively was noted in many case stories. An encouraging example of teaming was noted in the following example:

This willingness to engage with all of the people in [the child's] life has been very beneficial for her and for the whole team. There is a sense of camaraderie among the team members that is unusual but very exciting to observe. It is also broadened the scope of supports available to the foster family. They have a very strong network of family, extended family, friends and neighbors that help them meet all of [the child's] needs.

Another case provided an example of the growth of a child and family team as the parent became comfortable with the process:

The first meeting consisted primarily of informal support people. When the case began to have movement, additional team members were added. In the second meeting the key players from both the informal and formal systems were invited. There was a good mix of both systems at the second meeting. Those who couldn't attend were invited to provide input for the meeting, which they did. On being interviewed all the team members were conversant with what had transpired in the meeting as a result of receiving the minutes.

Two additional examples provide less successful examples of teaming. In the first example, there had really not been a team:

There was not a child and family team in this case. The worker made regular contacts with the GAL and reports a family team meeting was held on [date]; however this was

not a child and family team meeting – rather a gathering of parties at court for a scheduled court hearing. Activity logs indicate two limited telephone efforts to arrange a child and family team meeting but no meetings. Individuals interviewed confirmed the absence of the team.

The second example involved a small team, inadequate to address all of the family's needs:

... The team was limited to the family and did not include very important team members who might have been able to move the case forward at an accelerated rate, allowing time for the mother to complete treatment and maintain for a period after. Involvement of the school might have pointed out earlier some of [the child's] emotional and educational needs, and therapists could have provided valuable insight and progress reports to the team along the way regarding underlying needs for each family member.

Functional Assessment

Functional assessment is one of the key pieces of the practice model that remains a challenge in the region. Even so, there was significant progress on this indicator from 54 percent last year to 67 percent this year. Among the case stories, there were clear examples of both adequate and inadequate functional assessments. An excerpt from a case story provides an example of an underpowered assessment process:

Existing assessments are not utilized or shared with the team members. The team doesn't have an understanding of what is causing the child's current behaviors. Our primary concern is the overall lack of understanding by critical team members of what the true nature of the problems were that led to the disruption of the prior adoptive home... as we compared what was contained in the case file to the knowledge of the team, a lot of critical information that was in the case record was not known by the team. There is critical information in formal assessments and investigation notes that are not being utilized by the team, especially the therapist and GAL.

Another example provides a picture of a more functional and responsive assessment process:

Involvement of the DCFS clinical consultant has yielded significant benefit to [the child], for example, through recognition of the pattern of [the child's] emotional and behavioral cycles associated with her attachment issues. All of those working with [the child] had a common understanding of her needs and have agreed on the treatment and planning approach to address those needs for nurturing, consistency, structure, supervision, belonging and security. Communication between team members is constant and purposeful. Team members' interactions in and outside of formal meetings build an ever-evolving functional assessment and provide direction and successful adaptation of services and interventions.

Long-Term View

Long-term view is another important, but challenging part of the practice model that showed good improvement this year, progressing from 58 percent last year to 71 percent in the current review. One case story example shows both the difficulty of not having a long-term view and the relationship between long-term view and the functional assessment:

The long-term view is minimally unacceptable. Some steps are in place to address symptoms of risk behavior and have achieved a short-term effect, but how the family will achieve long-term independence is uncertain. Services were narrowly focused to address symptoms of one area of function without understanding and addressing underlying needs. The positive results are unlikely to be sustained. Critical needs to support independence have been missed. There is no common vision shared by the team of how this young mother will exit the system.

Another case story provides an insight into some of the key pieces of an adequate long-term view:

The long-term view includes both concurrent and contingency planning. It looks to future with steps associated with reaching the permanency goal and beyond. It also addresses the "what ifs" associated with another disruption. This is clearly compatible with the realistic, practical approach of the current foster/adoptive parents and a shared by the other team members.

Summary

The 2005 QCR should provide substantial encouragement to the Northern region. On the child and family status indicators, there were improvements on two of the three lagging indicators (prospects for permanence, emotional and behavioral well-being, and family functioning and resourcefulness). Within the system performance indicators, every indicator showed improvement this year. This is a significant achievement and clearly reflects organized progress rather than the results of simple momentum. It is especially noteworthy that the four core system performance indicators that were below the 70 percent exit criteria all showed improvement; and three of the four met the exit criteria. As the scores on teaming, functional assessment, and long-term view improved, there was also improvement in two of the three lagging child and family outcomes (prospects for permanence, and family functioning and resourcefulness improved).

The uniformity of the improvement in system performance strongly suggested that the Northern region is on the right path and that focused efforts are likely to produce additional improvements in both system performance indicators and the child and family status indicators. The region appears to understand how the steps of the practice model are interrelated and how the logical sequencing of these steps contributes to overall improvement. In the coming year, it will be

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important to recognize that several of these steps, reflected in the core indicators of teaming, functional assessment, and long-term view are in particular need of strengthening.

The Northern region has established a two-year history of consistent improvement after several years of struggling to make significant progress on system performance. This progress should be celebrated and recognized as a significant strength. It represents significant changes in front-line practice that make a difference for children and families. As the region works on refinement of its practice, it will be important to respect and support these changes in front-line practice. Building on strengths is fundamental to the practice model, and it will be important for supervisors and administrators to act in accord with the practice model so that continued efforts are perceived as supportive and respectful of the work done by the caseworkers every day.

VIII. Recommendations for Practice Refinement

At the conclusion of the week of Qualitative Case Reviews, there is an opportunity for a conversation between the review team, Regional staff, and community stakeholders about the strengths observed during the review process (see Section IV) and the opportunities for continued practice refinement. Because of the advancing state of practice in the Region, there was a conscious effort to focus on a small number of issues with the greatest promise of contributing to continued improvement in practice and outcomes.

Practice Refinement Opportunities

In recognition of the progress made by the region, and in an effort to focus the feedback toward those areas of practice that need to be strengthened, all of the practice improvement opportunities were organized around three system performance indicators and one additional point about timeliness.

Functional Assessment:

- Underlying needs were identified, but not carried over into the planning process. This affected both the outcomes and long-term view. Making the connection between assessment and planning could contribute to both improved outcomes and system performance.
- Underlying needs were not always understood and documented. Team meeting notes often contain more assessment information than the functional assessment document.
- Consistently assessing educational needs would strengthen the overall assessment process.
- The written functional assessment would be strengthened by clearer analysis and by drawing conclusions that lead logically to planning or revising plans.
- Some of the functional assessment struggled with a narrow focus on a single problem and would benefit from attention to "the big picture" how information about both presenting problems and underlying needs fit together, and what the implications are for planning.

Long-Term View:

- There was confusion between the permanency goal and the long-term view. The long-term view goes beyond attainment of the permanency goal and includes the steps to sustaining independence.
- When a case is not progressing, it may be helpful to bring in "fresh eyes" able to bring a strength based look at the situation.

Teaming:

- It was clear that outcomes were better when teams started earlier in the life of the cases reviewed. The progress the region has made in moving child and family teams into CPS may contribute to smoother transitions and more rapid progress.
- Educational partners are often very knowledgeable and helpful contributors to child family teams. Looking for opportunities to include them is almost always helpful.

Timeliness:

 One of the missed opportunities frequently observed was that information gathered early didn't get translated into services in a timely way. Updating assessments and plans as needed can contribute to progress for children and families within the available timeframes.

Recommendations

Most of the recommendations that were discussed at any point are incorporated in the practice refinement opportunities outlined above, but there were a few additional recommendations that arose during the discussion in the exit conference.

Recommendations from the staff and region:

- Identify the needs at the beginning of the case, and ensure that they flow into the plan, and amended plan has been needs change.
- Look at how the new law affects the ability to address needs that are not identified in court and look for solutions.

Other recommendations:

• Once the long-term view statement is confirmed at the child and family team meeting, the next step is to be sure it is understood by the *entire* team and incorporated into the service plan.

Appendix

Milestone Trend Indicators

1. Number and percent of Home-Based child clients who came into Out-of-Home care within 12 months of Home-Based case closure. (Data is pulled one year prior in order to look 12 months forward)

	1st QT 2003		2nd QT 2003		3rd QT 2003		4th QT 2003		1st QT 2004		2nd QT 2004		3RD QT 2004		4th QT 2004	
	Number P	ercent	<u>Number</u>	Percent	Number	Percent	Number I	ercent	Number I	ercent	Number	Percent	Number I	Percent	Number P	ercent
Northern	19	5%	10	3%	7	2%	14	4%	21	6%	21	6%	14	3%	14	4%
Salt Lake	24	4%	15	4%	29	6%	14	2%	33	6%	32	6%	26	5%	29	5%
Western	3	2%	12	8%	13	8%	2	1%	3	2%	3	2%	11	6%	1	1%
Eastern	5	5%	8	9%	6	6%	7	6%	4	4%	3	3%	7	5%	8	5%
Southwest	5	7%	5	7%	2	2%	9	10%	3	4%	2	1%	1	1%	0	0%
State	56	5%	50	5%	57	5%	46	4%	64	5%	59	5%	59	4%	52	4%

2. Number and percent of children in Out-of-Home care who were victims of substantiated allegations of abuse and neglect by out-of-home parents, out-of-home care siblings, or residential staff. Please note that reported abuse may have occurred years prior to the disclosure

	1st QT 2004		2nd QT 2004		3rd QT 2004		4th QT 2004		1st QT 2005		2nd QT 2005		3rd QT 2005		4th QT 2005	
	Number Pe	ercent	<u>Number</u>	Percent	<u>Number I</u>	Percent	<u>Number</u>	Percent	Number	Percent	<u>Number</u>	Percent	Number	Percent	Number P	Percent
Northern	1 0	.32%	3	0.56%	5	0.91%	1	0.12%	3	0.62%	5	0.84%	2	0.31%	5	0.77%
Salt Lake	7 0	.61%	1	0.08%	5	0.44%	3	0.19%	5	0.44%	2	0.17%	2	0.16%	0	0.00%
Western	0 0	.00%	0	0.00%	3	0.95%	1	0.16%	1	0.30%	3	0.89%	3	0.81%	1	0.61%
Eastern	1 0	.32%	0	0.00%	0	0.00%	1	0.58%	1	0.33%	2	0.72%	0	0.00%	0	0.00%
Southwest	1 0	.68%	0	0.00%	1	0.59%	1	0.38%	1	0.44%	0	0.00%	0	0.00%	1	0.26%
State	10 0	.40%	4	0.16%	14	0.56%	7	0.20%	11	0.43%	12	0.48%	7	0.26%	7	0.26%

3. Number and percent of substantiated child victims with a prior Home-Based or Out-of-Home care case within the last 12 months.

	1st QT 2004		2nd QT 2004		3rd QT 2004		4th QT 2004		1st QT 2005		2nd QT 2005		3rd QT 2005		4th QT 2005		
	Number	Percent	<u>Number</u>	Percent	Number	Percent	Number	Percent	Number	Percent	Number I	Percent	Number	Percent	Number P	Percent	
Northern	41	5%	33	5%	44	5%	52	6%	51	7%	65	8%	27	4%	47	6%	
Salt Lake	76	5%	76	5%	80	3%	89	6%	74	4%	72	5%	62	4%	75	6%	

Western	7	1%	33	6%	13	3%	15	2%	14	3%	14	3%	27	5%	29	5%
Eastern	17	9%	18	7%	15	9%	17	10%	14	6%	10	7%	13	9%	7	4%
Southwest	8	3%	4	2%	7	3%	15	6%	10	3%	14	6%	13	4%	20	6%
State	149	4%	162	5%	152	5%	188	5%	163	5%	175	5%	141	5%	178	5%

4. Number and percent of substantiated child victims with a prior CPS substantiated allegation within the last 12 months.

	1st QT 2004		2nd QT 2004	D	3rd QT 2004		4th QT 2004		1st QT 2005		2nd QT 2005		3rd QT 2005	2	4th QT 2005	2
	Number F	ercent	<u>Number</u>	Percent	<u>Number P</u>	ercent	<u>Number P</u>	ercent	<u>Number P</u>	ercent	<u>Number</u> P	ercent	<u>Number i</u>	ercent	Number F	ercent
Northern	96	11%	112	15%	99	13%	98	12%	119	16%	109	13%	74	10%	95	12%
Salt Lake	151	10%	177	12%	196	12%	234	16%	199	12%	214	14%	200	14%	224	16%
Western	64	12%	80	14%	74	14%	82	13%	59	11%	82	15%	73	14%	87	15%
Eastern	36	20%	32	13%	28	17%	27	16%	49	22%	20	13%	18	12%	23	12%
Southwest	20	7%	33	13%	39	16%	24	9%	46	16%	24	10%	43	13%	64	19%
State	371	10%	435	13%	436	13%	465	13%	472	14%	449	14%	408	13%	493	15%

5. Number and percent of children in care for at least one year that attained permanency through case closure prior to 24 months of custody. (Data is pulled two years prior in order to look 24 months forward)

	1st QT 2002		2nd QT 2002		3rd QT 2002		4th QT 2002		1st QT 2003		2nd QT 2003		3rd QT 2003		4th QT 2003	
	Number	<u>Percent</u>	<u>Number</u>	Percent	<u>Number F</u>	ercent	<u>Number</u>	Percent	Number	Percent	<u>Number</u>	<u>Percent</u>	<u>Number F</u>	Percent	Number I	Percent
Northern	17	57%	13	54%	15	56%	18	69%	24	56%	7	39%	19	58%	27	71%
Salt Lake	39	56%	41	55%	46	60%	43	56%	39	56%	23	50%	29	44%	54	59%
Western	14	61%	12	57%	18	78%	16	57%	9	38%	13	54%	23	92%	12	46%
Eastern	5	42%	3	20%	10	50%	10	56%	12	80%	4	19%	6	29%	3	18%
Southwest	12	63%	8	67%	4	80%	4	100%	2	50%	4	80%	6	67%	7	70%
State	87	56%	77	53%	93	61%	91	59%	86	55%	51	45%	83	54%	103	57%

6. Number and percent of children who entered Out-of-Home care who attained permanency through custody termination within one year. (Data is pulled one year prior in order to look 12 months forward)

	1st QT 2003		2nd QT 2003		3rd QT 2003		4th QT 2003		1st QT 2004		2nd QT 2004		3rd QT 2004		4th QT 2004	
	Number	Percent	<u>Number</u>	Percent	Number	Percent	Number	Percent	Number I	Percent	Number	Percent	Number I	Percent	Number F	ercent
Northern	100	71%	90	83%	107	76%	91	71%	96	70%	77	76%	88	62%	111	69%
Salt Lake	84	55%	70	60%	105	61%	150	62%	95	51%	105	62%	132	61%	130	62%

Western	44	65%	39	62%	49	65%	17	40%	35	80%	26	53%	30	44%	29	58%
Eastern	30	67%	36	63%	37	64%	35	67%	46	69%	51	69%	22	69%	21	62%
Southwest	9	69%	17	77%	23	72%	14	58%	22	65%	28	74%	34	81%	27	73%
State	267	63%	252	69%	321	67%	307	63%	294	63%	287	67%	306	62%	318	65%

7. Number and Percent of children with prior custody episodes within 6, 12, and 18 months.

		1st QT 2004		2nd QT 2004		3rd QT 2004		4th QT 2004		1st QT 2005		2nd QT 2005		3rd QT 2005		4th QT 2005	
		Number	Percent	Number I	Percent	Number I	Percent	Number F	Percent	Number [Percent	Number [Percent	Number	Percent	Number F	² ercent
Northern	6 mos	8	6%	7	7%	13	9%	20	13%	12	9%	16	14%	8	7%	18	12%
	12 mos	18	13%	11	11%	15	11%	30	19%	15	12%	17	15%	15	13%	20	14%
	18 mos	22	16%	15	15%	15	11%	30	19%	17	13%	17	15%	18	15%	22	15%
Salt Lake	6 mos	12	7%	6	4%	13	7%	16	8%	7	4%	13	6%	11	5%	20	10%
	12 mos	16	9%	12	7%	20	10%	17	9%	8	5%	22	11%	17	8%	26	13%
	18 mos	19	11%	19	11%	20	10%	17	9%	3	6%	24	12%	20	9%	30	16%
Western	6 mos	0	0%	0	0%	0	0%	4	8%	3	5%	4	7%	4	5%	1	2%
	12 mos	1	3%	1	2%	3	5%	5	10%	4	7%	6	10%	6	8%	3	6%
	18 mos	1	3%	3	6%	5	8%	5	10%	7	13%	6	10%	7	9%	4	8%
Eastern	6 mos	6	9%	8	11%	2	6%	1	3%	5	12%	2	8%	4	8%	2	4%
	12 mos	8	12%	9	12%	5	15%	3	9%	9	22%	6	25%	5	10%	4	8%
	18 mos	10	15%	13	6%	5	15%	3	9%	9	22%	6	25%	5	10%	5	10%
Southwest	6 mos	1	3%	0	0%	2	5%	2	5%	1	4%	0	0%	0	0%	2	7%
	12 mos	1	3%	0	0%	2	5%	2	5%	2	1%	1	4%	1	2%	3	11%
	18 mos	1	3%	0	0%	2	5%	2	5%	2	1%	1	4%	1	2%	3	11%
State	6 mos	27	6%	21	5%	30	6%	43	9%	28	7%	35	8%	27	5%	43	9%
·	12 mos	44	10%	33	8%	45	9%	57	12%	38	9%	52	12%	44	8%	56	12%
	18 mos		12%	50	12%	47	10%	57	12%	43	11%	54	13%	51	10%	64	14%

8. Average months in care of cohorts of children in out-of-home care by goal, ethnicity and sex. Workers have 45 days to establish a goal and enter it in SAFE. Cases that were closed prior to a goal being established are not reported under this trend.

		1st QT 2004		2nd QT 2004		3rd QT 2004		4th QT 2004		1st QT 2005		2nd QT 2005		3rd QT 2005		4th QT 200	5
Adoption		Number	Avg Mo	Number	Avg Mo	Number A	vg Mo	Number	Avg Mo	Number A	vg Mo	Number	Avg Mo	Number	Avg Mo	Number	Avg Mo
	Northern	17	21	20	20	16	19	13	21	15	13	11	17	15	16	23	14

Salt Lake Valley	42	26	55	20	25	21	31	24	23	21	41	24	44	16	48	23
Western	12	17	11	19	8	12	9	10	4	10	6	21	3	41	5	15
Eastern	3	15	6	25	7	18	6	10	4	20	7	12	n/a	n/a	9	16
Southwest	2	16	3	19	8	15	11	9	2	4	4	13	16	19	2	10
State	76	23	95	20	64	18	70	18	48	17	69	21	78	18	87	19
Guardianship																
Northern	2	7	3	8	1	4	1	6	n/a	n/a	1	6	n/a	n/a		
															*0	
Salt Lake Valley	10	26	12	19	4	25	12	13	6	24	10	38	n/a	n/a	*See below	,
Western	4	16	4	17	1	1	6	19	3	11	2	21	n/a	n/a	below	'
Eastern	4	25	1	12	2	28	1	13	3	34	2	8	n/a	n/a		
Southwest	2	15	2	15	2	8	n/a	n/a	3	3	n/a	n/a	n/a	n/a		
State	22	21	22	16	10	18	20	15	15	19	15	29	n/a	n/a		
Guardianship with Relative			•				•		•							
Northern													n/a	n/a	1	17
Salt Lake Valley													7	8	10	11
Western													0	7	0	44
vvestern Eastern			*The Goal '	"Cuardian	ahin" ha	na haar	o obool	otod o	ad rapl	acad w	ith		2 2	7 8	2 2	11 11
Southwest			two more d										n/a	n/a	n/a	n/a
State			"Guardians										11	7	15	11
Guardianship Non-Relative			and identify				. 0.40.	10 00		o plane	´ [
Northern													n/a	n/a	2	19
Salt Lake Valley													n/a	n/a	2	41
Western													n/a	n/a	n/a	n/a
Eastern													n/a	n/a	1	2
Southwest													n/a	n/a	n/a -	n/a
State													n/a	n/a	5	24
Independent Living				•			Ī		Ī							
Northern	9	34	8	34	6	42	7	18	7	42	2	34	2	83		
															No	
Salt Lake Valley	32	32	15	31	11	34	20	31	9	40	4	30	2	45	No long	ıor
Western	7	37	6	16	2	25	5	24	8	26	1	18	n/a	n/a	10/16	Jei
Eastern	9	41	3	59	6	47	12	35	6	16	3	57	n/a	n/a		
Southwest	7	40	2	37	2	72	3	25	1	15	n/a	n/a	n/a	n/a		

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State	64	35	34	32	27	41	47	29	31	31	10	38	4	64		
Individualized Permanency Plan																
	Number	Avg Mo														
Northern	11	20	3	5	2	12	10	32	4	41	8	51	12	33	17	43
Salt Lake Valley	6	75	6	37	5	31	7	23	29	43	25	42	29	26	31	50
Western	1	28	5	35	1	80	1	7	5	42	9	40	6	31	9	27
Eastern	2	22	6	61	5	50	8	46	1	6	3	16	5	30	9	42
Southwest	5	16	2	12	0	0	2	40	5	23	6	30	7	26	6	36
State	25	33	22	36	13	39	28	33	44	40	51	40	59	28	72	44
Reunification (Previously Return Home)																
	Number	Avg Mo														
Northern	49	10	51	7	35	8	45	6	50	9	29	8	56	10	40	7
Salt Lake Valley	75	10	78	10	77	7	81	8	102	10	87	9	80	8	89	8
Western	9	8	20	7	28	10	29	8	25	8	14	7	20	10	22	7
Eastern	22	6	21	5	18	6	13	6	33	7	24	9	6	13	27	7
Southwest	10	9	11	7	8	15	12	8	30	8	7	4	14	9	11	7
State	165	9	181	8	166	8	181	7	240	9	161	8	176	9	189	7

Average length of stay of children in custody by ethnicity. Data is average number of months.

	1st C	QT-04	2nd C	QT-04	3rd C	QT-04	4th C	QT-04	1st C	T-05	2nd C	2T-05	3rd C	QT-05	4th QT	-05
	Number	Avg Mo														
African American																
Northern	13	11	13	5	3	7	3	12	8	10	5	5	4	26	13	7
Salt Lake Valley	9	13	3	10	8	5	14	5	9	21	8	22	11	12	18	14
Western	3	15	2	13	1	7	1	22	3	11	0	n/a	2	23	5	10
Eastern	0	n/a	0	n/a	1	100	1	6	3	7	0	n/a	0	n/a	2	1
Southwest	2	46	0	n/a	0	n/a	1	35	0	n/a	1	2	2	46	0	n/a
State	27	15	18	7	13	13	20	8	23	14	14	20	19	19	38	11
American Indian/Alaska Native							-		-		-		-			
Northern	7	10	7	5	2	10	5	3	5	9	1	8	12	13	11	4
Salt Lake Valley	13	8	8	23	7	5	7	7	12	16	8	7	11	20	2	12
Western	7	10	3	25	3	13	2	8	5	12	0	n/a	1	8	2	12
Eastern	11	13	8	48	6	40	7	44	6	8	6	33	1	0	9	22
Southwest	0	n/a	4	6	2	12	4	18	1	0	2	11	7	20	3	2

State	38	10	30	23	20	18	25	18	29	12	17	17	32	16	27	11
Asian															i	
Northern	3	2	3	2	0	n/a	0	n/a	0	n/a	1	1	1	1	2	4
Salt Lake Valley	4	51	1	44	2	21	7	11	3	9	1	6	0	n/a	5	15
Western	1	36	0	n/a	0	n/a	0	n/a	1	47	0	n/a	0	n/a	0	n/a
Eastern	0	n/a	0	n/a	1	6	0	n/a	0	n/a	0	n/a	0	n/a	0	n/a
Southwest	0	n/a	0	n/a	1	4	0	n/a	0	n/a	1	2	0	n/a	0	n/a
State	8	31	4	13	4	13	7	11	4	19	3	3	1	1	7	12
Caucasian															i	•
Northern	118	10	99	9	90	9	123	8	108	9	78	11	112	11	99	14
Salt Lake Valley	159	20	173	15	140	11	155	14	164	17	170	18	181	12	182	17
Western	29	17	41	14	40	11	53	9	39	15	35	18	34	15	33	14
Eastern	44	13	35	12	35	14	35	18	42	11	40	9	20	14	44	12
Southwest	30	15	18	13	26	13	26	8	46	9	17	14	35	13	16	18
State	380	15	366	13	331	11	392	11	399	13	340	15	382	12	372	15
Hispanic																
Northern	44	3	32	5	27	5	44	3	32	5	27	5	37	8	41	13
Salt Lake Valley	48	12	63	10	53	13	48	12	63	10	53	13	62	10	65	10
Western	12	9	7	10	2	1	12	9	7	10	2	1	5	8	6	16
Eastern	4	20	6	9	8	6	4	20	6	9	8	6	8	21	13	10
Southwest	7	8	17	8	1	9	7	8	17	8	1	9	1	15	0	n/a
State	115	8	125	8	91	10	115	8	125	8	91	10	113	10	125	12
Cannot Determine																
Northern	0	n/a	4	19	0	n/a	0	n/a	0	n/a	0	n/a	0	n/a	0	n/a
Salt Lake Valley	3	19	1	10	0	n/a	0	n/a	1	1	0	n/a	0	n/a	0	n/a
Western	0	n/a	0	n/a	0	n/a	0	n/a	0	n/a	0	n/a	0	n/a	0	n/a
Eastern	0	n/a	0	n/a	0	n/a	0	n/a	0	n/a	0	n/a	0	n/a	0	n/a
Southwest	1	1	0	n/a 17	0	n/a	2	3	0	n/a	0	n/a	0	n/a	0	n/a
State	4	19	5	17	0	n/a	2	3	1	n/a	0	n/a	0	n/a	0	n/a
Pacific Islander	0	2/2	2	.4		2/2	0	2/0		2/0	4	20	_	10	2	0
Northern Salt Lake Valley	0 3	n/a 10	2 4	<1 11	0	n/a 13	0 2	n/a 16	0 2	n/a 22	1 5	38 5	2 0	13 n/a	2 7	9 5
Sait Lake Valley Western	3 0	n/a	1	2	4	13	2	22	1	22 16	0	อ n/a	0	n/a n/a	1	8
western Eastern	0	n/a n/a	0	∠ n/a	0	n/a	0	n/a	0	n/a	0	n/a n/a	0	n/a	1	3
Southwest	0	n/a	0	n/a	0	n/a	1	9	0	n/a	0	n/a	1	14	4	4
State	3	10	7	7	5	14	5	12	3	20	6	11	3	13	15	5

Average number of r	months children in	custody by sex
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	1st QT	2004	2nd QT	2004	3rd QT	2004	4th QT 2	2004	1st QT 2	005	2nd QT	2005	3rd QT 2	2005	4th QT 200	05
	Male I	emale	<u>Male</u>	<u>Female</u>	Male F	emale	Male F	emale	Male Fe	emale	Male F	emale	Male F	emale	Male F	emale
Northern	10	11	10	8	10	8	7	8	11	8	10	12	12	11	11	13
Salt Lake Valley	22	15	16	14	12	9	15	13	17	18	21	15	12	12	15	17
Western	16	17	17	12	12	10	9	10	10	21	20	16	20	10	11	14
Eastern	13	13	20	17	11	24	26	16	13	8	15	9	11	14	17	12
Southwest	22	10	15	7	7	17	13	8	9	9	11	15	12	17	9	18
State	17	13	15	11	11	12	13	11	13	13	17	14	13	12	14	15

9. Percent of CPS investigations initiated within the time period mandated by state or local statute, regulation, or policy.

		1st QT	2004	2nd QT 20	004	3rd QT	2004	4th QT	2004	1st QT	2005	2nd QT	2005	3rd QT 2	005	4th QT	2005
		Total Per Number Tim			Percent on Time	Total P Numbero		Total Poly			ercent n Time	Total P Numbero		Total Perce Number Time		F Total o Number T	
Northern	priority 1	7	100%	3	100%	2	100%	1	0%	n/a*	n/a*	2	100%	n/a*	n/a*	n/a*	n/a*
	priority 2	230	91%	249	94%	296	93%	302	91%	254	93%	307	94%	269	94%	345	97%
	priority 3	911	72%	779	77%	774	78%	912	74%	817	75%	875	81%	855	82%	938	81%
	priority 4	167	80%	168	83%	188	88%	224	81%	172	84%	171	87%	143	87%	53	89%
Salt Lake	priority 1	34	76%	22	82%	23	87%	19	89%	20	85%	20	95%	29	93%	17	100%
	priority 2	362	90%	375	92%	375	91%	422	92%	333	91%	380	89%	330	95%	422	91%
	priority 3	1587	68%	1600	70%	1611	74%	1820	73%	1780	70%	1794	72%	1628	74%	1951	76%
	priority 4	422	76%	406	75%	378	76%	363	83%	390	81%	331	84%	335	83%	115	81%
Western	priority 1	20	90%	15	93%	20	80%	24	92%	21	95%	14	93%	16	94%	16	94%
	priority 2	70	84%	82	82%	96	91%	108	85%	57	86%	104	94%	103	92%	110	90%
	priority 3	402	65%	489	70%	490	57%	546	78%	468	75%	501	74%	496	83%	640	83%
	priority 4	146	61%	119	70%	5	60%	135	75%	146	80%	127	74%	132	81%	53	72%
Eastern	priority 1	14	57%	19	79%	10	90%	9	78%	5	100%	12	83%	4	75%	14	86%
	priority 2	39	95%	43	86%	40	73%	46	83%	34	88%	32	94%	26	85%	37	92%
	priority 3	233	85%	275	79%	248	81%	234	85%	250	80%	223	85%	236	83%	267	82%
	priority 4	17	82%	18	61%	12	92%	8	63%	12	75%	7	86%	8	88%	2	100%
Southwest	priority 1	14	79%	16	75%	16	88%	23	91%	13	77%	13	92%	16	81%	18	89%

	priority 2	50	90%	31	84%	49	90%	47	91%	47	94%	53	91%	43	98%	35	91%
	priority 3	270	86%	300	84%	290	87%	308	85%	345	80%	295	84%	317	90%	399	85%
	priority 4	122	93%	91	90%	73	90%	80	94%	85	80%	84	86%	39	79%	17	94%
State	priority 1	89	79%	75	83%	68	88%	76	88%	59	88%	61	92%	65	89%	65	92%
	priority 2	756	90%	785	91%	865	91%	929	90%	726	91%	879	92%	772	94%	952	93%
	priority 3	3410	72%	3447	73%	3385	77%	3826	76%	3669	74%	3691	76%	3532	79%	4203	80%
	priority 4	876	72%	803	77%	758	81%	812	82%	806	81%	722	83%	657	83%	242	82%

^{*}n/a indicate no priority 1 referrals.

10. Percent of children experiencing fewer than three placement changes within an Out-of-Home Care service episode.

	1st QT	2004	2nd QT 2	004	3rd QT	2004	4th QT	2004	1st QT	2005	2nd QT	2005	3rd QT	2005	4th QT 20	05
	Number F	ercent	<u>Number</u>	Percent	Number <u>F</u>	ercent	Number F	Percent	Number P	ercent	Number I	Percent	Number P	ercent	Number F	Percent
Northern	97	72%	81	64%	70	74%	92	71%	82	70%	60	71%	77	64%	82	69%
Salt Lake	101	53%	79	42%	95	62%	101	57%	82	43%	86	46%	103	53%	120	57%
Western	26	68%	31	66%	33	72%	39	70%	27	59%	20	57%	23	62%	19	49%
Eastern	40	80%	25	57%	28	65%	24	56%	31	63%	26	58%	12	57%	40	77%
Southwest	17	51%	10	45%	19	68%	23	68%	36	77%	14	70%	29	67%	18	78%
State	281	62%	226	53%	245	67%	279	63%	258	57%	206	56%	244	67%	279	63%

11. Number and percent of children in placement by order of restrictiveness. Point-in-time: last day of the report period.

	1st Q	T 2004	2nd QT 20	04	3rd QT	2004	4th QT	2004	1st QT	2005	2nd QT	2005	3rd Q	T 2005	4th QT	2005
Residential Treatment	Number	Percent	Number F	ercent	Number F	Percent	Number F	ercent	Number F	Percent	Number P	Percent	Number	Percent	Number F	ercent
Northern	n 44	10%	44	11%	47	10%	73	12%	86	14%	86	14%	78	15%	68	13%
Salt Lake Valle	120	13%	128	14%	131	14%	252	22%	237	21%	231	20%	130	13%	120	13%
Western	25	10%	24	10%	33	12%	50	15%	57	18%	47	14%	38	11%	35	10%
Eastern	14	5%	25	9%	27	10%	42	13%	39	13%	36	13%	25	10%	23	9%
Southwes	t 7	6%	8	6%	9	6%	16	10%	16	10%	14	10%	11	25%	10	7%

State	210	10%	229	11%	247	12%	433	17%	435	17%	414	17%	282	13%	256	11%
Group Home														,		
Northern	11	3%	5	1%	7	2%	23	4%	18	3%	15	3%	9	2%	13	2%
Salt Lake Valley	61	6%	66	7%	72	7%	134	12%	121	11%	97	8%	49	5%	56	6%
Western	2	1%	4	2%	3	1%	4	1%	8	2%	6	2%	5	2%	6	2%
Eastern	6	2%	8	3%	10	4%	11	4%	5	2%	4	1%	7	3%	10	4%
Southwest	4	4%	5	4%	2	1%	9	5%	7	4%	7	5%	2	2%	1	1%
State	84	4%	88	4%	94	4%	181	7%	159	6%	129	5%	72	3%	86	4%
Therapeutic/Treatment Foster Homes																
Northern	132	30%	146	36%	166	37%	198	33%	200	33%	197	33%	143	28%	151	28%
Salt Lake Valley	224	24%	224	24%	226	23%	297	26%	270	24%	265	23%	254	26%	248	26%
Western	94	38%	95	38%	104	39%	131	40%	129	40%	123	37%	109	33%	106	31%
Eastern	99	38%	103	36%	101	36%	128	41%	118	39%	104	38%	92	35%	88	34%
Southwest	35	31%	31	25%	41	29%	50	30%	50	31%	42	31%	33	25%	35	25%
State	584	29%	599	30%	638	30%	804	31%	768	30%	731	29%	631	28%	628	28%
						1				1		1				
	1st Q	T 2004	2nd QT 20	04	3rd QT	2004	4th QT	2004	1st QT	2005	2nd QT	2005	3rd Q	Г 2005	4th QT	2005
Family Foster Home	Number	<u>Percent</u>	Number F												Number F	
Northern		47%	182	45%	206	46%	352	59%	349	58%	332	56%	236	46%	260	48%
Salt Lake Valley	456	48%	421	45%	451	47%	621	54%	602	53%	611	53%	463	47%	438	46%
Western		45%	116	46%	119	44%	167	52%	161	50%	178	53%	165	50%	154	45%
Eastern		50%	143	50%	139	20%	172	55%	162	54%	142	51%	131	50%	129	50%
Southwest	54	48%	77	62%	79	56%	103	62%	94	59%	82	61%	75	57%	85	60%
State	956	48%	939	47%	994	47%	1415	55%	1368	54%	1345	54%	1070	48%	1066	48%
Other	4.4	400/	00	5 0/	4.4	20/	20	C 0/	60	400/	70	400/	50	400/	40	00/
Northern Salt Lake Valley	44	10% 10%	20	5% 8%	14 78	3% 8%	38 159	6% 14%	60 167	10% 15%	72 192	12% 17%	50 89	10% 9%	49 94	9% 10%
•		6%	79 12	5%			31	10%	42	13%			14	9% 4%	38	
Western Eastern		3%	12 7	5% 2%	10 0	4% 0%	12	4%	18	13% 6%	41 13	12% 5%	14 5	4% 2%	36 6	11% 2%
Southwest	13	12%	4	3%	8	6%	16	10%	30	19%	23	17%	11	2 % 8%	11	8%
State		9%	122	6%	110	5%	256	10%	317	13%	341	14%	169	8%	198	9%
Otato	1	3 70		U / U		J / 0		. 0 /0	0.7	10/0		/ 0		3 70	.00	0,0

12. Number and percent of all children younger than five years at entry who exit custody in year and who did not attain permanency within six months by closure reason.

1003011.																
	1st QT	2004	2nd QT	2004	3rd QT	2004	4th QT	2004	1st QT	2005	2nd QT	2005	3rd QT	2005	4th QT 20	005
Adoption final																
	Number F	ercent	<u>Number</u>	Percent	Number F	Percent	Number <u>F</u>	Percent	Number F	Percent	Number F	ercent	Number I	Percent	Number F	ercent
Northern	14	64%	12	60%	11	58%	10	71%	15	71%	7	47%	13	62%	13	62%
Salt Lake	22	69%	40	78%	18	51%	22	79%	10	33%	27	69%	32	84%	28	64%
Western	11	73%	3	75%	9	69%	8	80%	4	50%	3	33%	0	0%	4	40%
Eastern	0	0%	2	25%	2	67%	2	29%	3	33%	2	20%	0	0%	6	55%
Southwest	0	0%	2	67%	7	100%	6	67%	0	0%	4	80%	9	64%	1	100%
State	47	62%	59	69%	47	61%	48	70%	32	43%	43	55%	54	65%	52	60%
Reunification	1	ı	1													
	Number F	ercent	<u>Number</u>	Percent	Number F	Percent	Number [Percent	Number [Percent	Number F	ercent	Number I	Percent	Number F	ercent
Northern	5	23%	2	10%	5	26%	3	21%	5	24%	6	40%	6	29%	7	33%
Salt Lake	10	31%	4	8%	15	43%	5	18%	15	50%	8	21%	5	13%	9	20%
Western	2	13%	0	0%	4	31%	1	10%	3	38%	5	56%	4	50%	6	60%
Eastern	3	60%	3	38%	0	0%	5	71%	5	56%	8	80%	1	50%	4	36%
Southwest	2	100%	1	33%	0	0%	2	22%	5	83%	1	20%	5	36%	0	0%
State	22	29%	10	12%	24	31%	16	24%	33	45%	28	36%	21	25%	26	30%
Custody Returned to Relative/Guardian	1	ı	1											1		1
	Number F	ercent	<u>Number</u>	Percent	Number [Percent	Number [Percent	Number F	Percent	Number F	Percent	Number I	Percent	Number F	ercent
Northern	3	14%	6	30%	3	16%	1	7%	1	5%	2	13%	2	10%	1	5%
Salt Lake	0	0%	5	10%	2	6%	1	4%	4	13%	3	8%	0	0%	4	9%
Western	0	0%	1	25%	0	0%	0	0%	1	13%	1	11%	4	50%	0	0%
Eastern	2	40%	1	13%	1	33%	0	0%	0	0%	0	0%	1	50%	0	0%
Southwest	0	0%	0	0%	0	0%	1	11%	1	17%	0	0%	0	0%	0	0%
State	5	3%	13	15%	6	8%	3	4%	7	9%	6	8%	7	8%	5	6%
Custody to Foster Parent	1		1			ī			•		1					
	Number F	ercent	<u>Number</u>	Percent	Number F	Percent	Number <u>f</u>	Percent	Number F	Percent	Number F	ercent	Number I	Percent	<u>Number</u> <u>F</u>	ercent
Northern	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Salt Lake	0	0%	2	4%	0	0%	0	0%	0	0%	0	0%	1	3%	2	5%
Western	0	0%	0	0%	0	0%	1	10%	0	0%	0	0%	0	0%	0	0%
Eastern	0	0%	1	13%	0	0%	0	0%	1	11%	0	0%	0	0%	1	9%

Southwest	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
State	0	0%	3	3%	0	0%	1	1%	1	1%	0	0%	1	1%	3	3%
Death																
	Number P	ercent	Number	Percent	Number F	Percent	Number F	Percent	Number F	Percent	Number P	ercent	Number P	ercent	Number P	ercent
Northern	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Salt Lake	0	0%	0	0%	0	0%	0	0%	1	3%	0	0%	0	0%	0	0%
Western	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Eastern	0	0%	1	13%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Southwest	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
State	0	0%	1	1%	0	0%	0	0%	1	1%	0	0%	0	0%	0	0%
Age of Majority	i															•
	Number P	ercent	<u>Number</u>	Percent l	Number <u>F</u>	Percent	Number <u>F</u>	Percent	Number F	Percent	Number P	ercent	Number P	ercent	Number P	ercent
Northern	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Salt Lake	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	1	2%
Western	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Eastern	0	0%	1	13%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Southwest	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
State	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	1	1%

13. Number and percent of all children exiting custody in year who did not attain permanency within six months by closure reason.

Adoption final	1st QT	2004	2nd QT 2	2004	3rd QT	2004	4th QT	2004	1st QT	2005	2nd Q1	2005	3rd QT	2005	4th QT 20	05
	Number I	Percent	<u>Number</u>	Percent	Number I	Percent	Number	Percent	Number F	Percent	Number	Percent	Number F	Percent	Number F	Percent
Norther	n 18	27%	22	42%	18	41%	13	29%	17	31%	12	31%	18	27%	23	36%
Salt Lake Valle	y 37	32%	55	43%	23	27%	33	32%	22	20%	43	37%	45	42%	41	34%
Wester	n 13	43%	10	30%	10	33%	10	29%	6	17%	6	21%	2	8%	5	18%
Easter	n 0	0%	4	19%	7	29%	4	13%	4	11%	2	7%	0	0%	7	23%
Southwes	t 2	9%	4	27%	7	54%	7	35%	1	4%	4	36%	17	47%	2	18%
Stat	e 70	27%	95	38%	65	33%	67	29%	50	19%	67	30%	82	33%	78	31%

Northern Region Report

Emancipation										·		·	·			Ī
	Number P	ercent	Number	Percent	Number F	Percent	Number F	Percent	Number F	ercent	Number F	Percent	Number F	Percent	Number I	Percent
Northern	8	12%	1	2%	7	16%	9	20%	7	13%	6	15%	10	15%	8	13%
Salt Lake Valley	24	21%	9	7%	10	12%	15	15%	30	27%	20	17%	23	22%	26	22%
Western	6	20%	5	15%	3	10%	5	14%	10	28%	7	25%	2	8%	9	32%
Eastern	6	21%	3	14%	3	13%	11	35%	7	19%	4	14%	3	23%	6	20%
Southwest	9	41%	3	20%	2	15%	4	20%	1	4%	2	18%	5	14%	2	27%
State	53	20%	21	8%	25	13%	44	19%	55	21%	39	17%	43	17%	51	21%
Returned to parents	1															
	Number P	ercent	Number	Percent	Number F	Percent	Number F	Percent	Number F	ercent	Number F	Percent	Number F	Percent	Number I	Percent
Northern	28	42%	16	31%	14	32%	14	31%	20	37%	12	31%	28	42%	19	30%
Salt Lake Valley	31	27%	33	26%	41	49%	35	34%	44	39%	28	24%	18	17%	30	25%
Western	5	17%	11	33%	16	53%	11	31%	10	28%	12	43%	12	50%	12	43%
Eastern	9	32%	5	24%	5	21%	10	32%	20	56%	20	71%	3	23%	12	40%
Southwest	8	36%	6	40%	1	8%	8	40%	19	83%	3	27%	11	31%	4	36%
State	81	31%	71	28%	77	39%	78	33%	113	43%	75	34%	72	29%	77	31%
Custody to relative/guardian																
	Number P	ercent	Number	Percent	Number F	ercent	Number F	Percent	Number F	ercent	Number F	Percent	Number F	Percent	Number I	Percent
Northern	11	17%	9	17%	4	9%	3	7%	6	11%	7	18%	8	12%	2	3%
Salt Lake Valley	8	7%	19	15%	4	5%	7	7%	8	7%	7	6%	7	7%	10	8%
Western	2	7%	5	15%	0	0%	4	11%	6	17%	2	7%	6	25%	1	4%
Eastern	6	21%	2	10%	3	13%	4	13%	1	3%	0	0%	3	23%	0	0%
Southwest	1	5%	1	7%	2	15%	1	5%	2	9%	1	9%	3	8%	0	0%
State	28	11%	36	14%	13	7%	19	8%	23	9%	17	8%	27	11%	13	5%
Custody to youth corrections																
	Number P	ercent	Number	Percent	Number F	Percent	Number F	Percent	Number F	ercent	Number F	Percent	Number F	Percent	Number I	Percent
Northern	0	0%	0	0%	0	0%	5	11%	3	6%	1	3%	0	0%	8	13%
Salt Lake Valley	10	9%	5	4%	4	5%	5	5%	6	5%	7	6%	6	6%	5	4%
Western	1	3%	0	0%	0	0%	2	6%	1	3%	1	4%	0	0%	0	0%
Eastern	3	11%	1	4%	3	13%	2	7%	0	0%	1	4%	3	23%	1	3%
Southwest	2	9%	0	0%	1	8%	0	0%	1	4%	0	0%	0	0%	0	0%
State	16	6%	6	3%	8	4%	14	6%	11	4%	10	4%	9	4%	14	6%

Custody to foster parent	1															
	Number F	ercent	<u>Number</u>	Percent	Number	Percent	Number	Percent	Number F	ercent	Number P	ercent	Number F	Percent	Number F	ercent
Northern	1	2%	1	2%	0	0%	0	0%	0	0%	0	0%	2	3%	0	0%
Salt Lake Valley	1	1%	3	2%	1	1%	3	3%	1	1%	3	3%	2	2%	3	3%
Western	1	3%	2	6%	0	0%	2	6%	0	0%	0	0%	0	0%	0	0%
Eastern	2	7%	3	14%	0	0%	0	0%	3	8%	1	4%	0	0%	3	10%
Southwest	0	0%	1	7%	0	0%	0	0%	0	0%	1	9%	0	0%	0	0%
State	5	2%	10	4%	1	1%	5	2%	4	2%	5	2%	4	2%	6	2%
Death																
	Number F	ercent	<u>Number</u>	Percent	Number	Percent	Number	Percent	Number F	ercent	Number P	ercent	Number F	Percent	Number F	ercent
Northern	0	0%	1	2%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Salt Lake Valley	0	0%	0	0%	0	0%	0	0%	1	1%	0	0%	0	0%	0	0%
Western	0	0%	0	0%	0	0%	1	3%	0	0%	0	0%	0	0%	0	0%
Eastern	0	0%	1	5%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Southwest	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
State	0	0%	2	1%	0	0%	1	<1%	1	<1%	0	0%	0	0%	0	0%
Non-petitional release	1									1		1		ı		1
	Number F	ercent	<u>Number</u>	Percent	Number	Percent	Number	Percent	Number F		Number P	ercent	<u>Number F</u>	Percent	Number F	² ercent
Northern	0	0%	0	0%	1	2%	0	0%	0	0%	0	0%	0	0%	0	0%
Salt Lake Valley	3	3%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Western	2	7%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Eastern	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Southwest	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
State	5	2%	0	0%	1	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Child Ran Away	ı									í		i		i		1
	Number F		<u>Number</u>				Number		Number F		Number P		Number F		Number F	
Northern	-	0%	0	0%	0	0%	1	2%		2%	1	3%	1	1%	4	6%
Salt Lake Valley		2%	5	4%		1%		5%		0%	8	7%	6	6%	4	3%
Western	_	0%	0	0%	1	3%	0	0%		6%	0	0%	1	4%	1	4%
Eastern		7%	0	0%	2	8%	0	0%		3%	0	0%	1	8%	1	3%
Southwest	_	0%	0	0%	0	0%		0%		0%	0	0%	0	0%	1	9%
State	4	2%	0	0%	4	2%	6	3%	4	2%	9	4%	9	4%	11	4%

Voluntary custody terminated												_				
	Number P	ercent	Number	<u>Percent</u>	Number	Percent	Number I	Percent	Number [Percent	Number <u>F</u>	ercent	Number F	Percent	Number I	Percent
Northern	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Salt Lake Valley	0	0%	0	0%	0	0%	0	0%	0	0%	1	1%	0	0%	0	0%
Western	0	0%	0	0%	0	0%	0	0%	1	3%	0	0%	1	4%	0	0%
Eastern	0	0%	0	0%	1	4%	0	0%	0	0%	0	0%	0	0%	0	0%
Southwest	t 0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	1	9%
State	0	0%	0	0%	1	1%	0	0%	1	>1%	1	<1%	1	<1%	1	<1%

14. Number and percent of children age 18 or older, exiting care by education level.

	1st QT	2004	2nd QT	2004	3rd QT	2004	4th QT	2004	1st Qt	2005	2nd Qt 2005		3rd Qt 2005		4th Qt 20)5
	Number F	Percent	<u>Number</u>	Percent	Number F	ercent	Number F	Percent	Number F	Percent	Number P	ercent	Number F	ercent	Number F	ercent
Attending School	_	_														
Norther		30%	0	0%	ì	38%	2	20%	1	13%	0	0%	2	17%	3	23%
Salt Lak	e 6	27%	8	62%	3	27%	1	6%	2	6%	0	0%	3	13%	3	13%
Wester	n 3	50%	2	33%	2	50%	0	0%	1	10%	0	0%	1	33%	0	0%
Easter	n 3	43%	0	0%	1	17%	5	42%	0	0%	3	43%	1	33%	2	33%
Southwes	st 9	82%	1	50%	1	50%	1	25%	1	33%	0	33%	1	20%	3	75%
Stat	e 24	43%	11	42%	10	32%	9	19%	5	9%	3	9%	8	17%	11	19%
Graduated																
Norther	n 0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Salt Lak	e 0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Wester	n 0	0%	0	0%	0	0%	0	0%	1	10%	1	14%	0	0%	0	0%
Easter	n 0	0%	0	0%	1	17%	0	0%	3	50%	0	0%	0	0%	0	0%
Southwes	st 0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Stat	e 0	0%	0	0%	1	3%	0	0%	4	7%	1	2%	0	0%	0	0%
Not in School*																
Norther	n 0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Salt Lak	e 0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Wester	n 0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Easter	n 0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Southwes		0%	0	0%		0%	0	0%		0%	0	0%		0%	0	0%

St	ate	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Data Not Entered in System																	
North	ern	8	80%	2	100%	5	63%	8	80%	7	88%	6	100%	10	83%	10	77%
Salt La	ake	17	77%	6	46%	8	73%	16	94%	29	94%	20	100%	21	88%	21	88%
West	ern	3	50%	4	67%	2	50%	5	100%	8	80%	6	86%	2	67%	10	100%
East	ern	4	57%	3	100%	4	67%	7	58%	3	50%	4	57%	2	67%	4	67%
Southw	est	3	27%	1	50%	1	50%	3	75%	2	67%	2	67%	4	80%	1	25%
St	ate	35	63%	16	62%	20	65%	9	81%	49	84%	38	88%	39	83%	46	81%

^{*}Not in school means dropped out, suspended or expelled.

15. Number of children in custody who are legally freed for adoption and the percent who are placed in an adoptive home within six months.

	1st QT	2004	2nd QT 2	004	3rd QT	2004	4th QT	2004	1st Qt	2005	2nd Qt	2005	3rd Qt	2005	3rd Qt 200)5	
	Number F	Percent	<u>Number</u>	Percent	Number	Percent	Number F	Percent	Number F	Percent	Number F	ercent	Number F	ercent	Number F	ercent	
Northern	26	42%	18	22%	16	19%	2	14%	14	14%	14	7%	18	11%	17	29%	
Salt Lake	47	21%	40	20%	33	12%	4	15%	23	30%	15	13%	24	25%	29	21%	
Western	<u>,</u> 1	0%	1	0%	1	0%	0	0%	1	0%	1	0%	1	0%	7	57%	
Eastern	12	42%	8	13%	3	0%	1	17%	4	25%	3	0%	3	0%	5	0%	
Southwest	. 8	13%	5	20%	3	33%	1	50%	2	50%	3	33%	1	0%	1	0%	
State	94	29%	72	19%	56	14%	8	16%	44	25%	39	11%	47	17%	59	25%	

16. Number and Percent of adoption placements that disrupt before finalization.

	1st QT	2004	2nd QT 2	2004	3rd QT	2004	4th QT	2004	1st Qt 2	005	2nd Qt 2	2005	3rd Qt 2	2005	4th Qt 200	05
	Number F	Percent	<u>Number</u>	Number Percent N		ercent	Number F	ercent	Number Percent		tNumber Percen		Number Percent		Number F	Percent
Northern	1	3%	0	0%	0	0%	0	0%	1	4%	0	0%	0	0%	5	11%
Salt Lake	0	0%	1	1%	1	2%	0	0%	0	0%	0	0%	0	0%	0	0%
Western	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Eastern	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Southwest	1	11%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
State	2	2%	1	1%	1	1%	0	0%	1	1%	0	0%	0	0%	5	4%